


Summer 1968

Jefferson Alumni Bulletin – Volume XVIII, Number 4 Summer 1968

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“THE GREATEST
RESPONSIBILITY
FALLS TO THOSE
WHO HAVE THE MOST
TO GIVE”

To the 1968 Graduating Class
Jefferson Medical College, Philadelphia

Few moments equal the joy, the satisfaction, and the fulfillment of graduation. It is a personal and permanent victory, an honor to last a lifetime. To each of you I extend my sincere congratulations.

The time is past when our national interests could be served by a few who elected to make their country's affairs their own. The complexity of our age and the particular burden history has thrust upon us—to preserve freedom where it exists and to foster it where it does not—demands every American hand and every American heart. The greatest responsibility falls to those who have the most to give.

I cannot tell you the extent of America's influence in shaping the new order of world affairs—though I believe it will be great.

I cannot measure our national ability to abolish ignorance and sickness and injustice wherever these ancient enemies degrade humanity—though I believe it is limitless.

I cannot predict that America's future will match and exceed the brilliance of her past—though I believe it will.

The answers will not come in my lifetime, but in the future—your future. I am confident that you who have proved your ability to achieve, to endure and to win, will serve that future with distinction.

Lyndon B. Johnson
The White House
Washington

Jefferson
MEDICAL COLLEGE

ALUMNI
BULLETIN
Summer 1968

"THE GREATEST
RESPONSIBILITY
FALLS TO THOSE
WHO HAVE THE MOST
TO GIVE"

IN THIS ISSUE

The commencement issue takes a look at the 1968 Jefferson graduates setting out on new life patterns and follows up on the patterns which some earlier graduates have been setting. The latter includes some rather unique directions being pursued by clinic speakers from the two youngest reunion classes, and the reflections of Dr. John H. Gibbon, Jr., '27, on transplantation which he advanced with the invention of the heart lung machine. Which all may prove that assuming a greater responsibility, while timely, is traditional at Jefferson.

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ALUMNI
BULLETIN

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Commencement: a look at

Commencement alters, ends and opens life patterns. On May 31, at Jefferson, the patterns in point were those of 157 new physicians, marking the time of turning in the form of the traditional, in ceremony at the Academy of Music where Jefferson's presence is one hundred years old.

Only the ceremony resembled times past, however. The Jefferson graduating its one hundred forty-fourth class was as modern as its youthful graduates. This year a Thomas Jefferson University was in the making. Now in its initial stages, the metamorphosis into a university will reach its culmination very gradually. With this scheme taking form, the first fruits of another avant-garde endeavor were being born; twenty-two members of the 1968 graduating class had matriculated in the nation's first five year accelerated program in medical education. The cooperative experiment, known as The Penn State-Jefferson Accelerated Program, was rated a success and will be continued, Dr. Peter A. Herbut, President, announced. "A day of achievement," Dr. Herbut called it, for the College graduating its one hundred forty-fourth class, for the students who have reached a milestone in their careers, for families of the students and for faculty of the College.

It was also a day to honor achievement. A rolled sheepskin, symbolizing the completion of the academic years, was presented to each graduate by Dr. Herbut. Dr. Herbut relinquished his role in one instance, however. This was to permit Dr. Herbut A. Luscombe '40, and Head of the Department of Dermatology, to present the medical diploma to his son. Each new alumnus then walked to center stage, thanked his mentors, the on-stage faculty, received well wishes from Dr. William F. Kellow, Dean and Vice President for Medical Affairs, and was hooded in the forest green of the medical degree. He walked off stage onto another. The acceptance of his role was verbalized in the Hippocratic Oath, led by Dr. Franz Goldstein, Associate Professor of Medicine and choice of the class of 1968.

Commencement was occasion to discuss the patterns which Jefferson was beginning. President John-

son's words to the graduates reiterated modern social demands. "The time is past when our national needs could be served by a few who elected to make their country's affairs their own." The projected Thomas Jefferson University is a response to the nation's needs. "I need not tell you," President Herbut stated, "that in today's world, education in all its ramifications is extremely costly. It is costly in dollars and cents, in facilities, in equipment, in manpower, and in brain power. Therefore, it is incumbent upon every institution, either by itself or in combination, to do everything in its power to decrease its costs, to fully develop its potential, and to upgrade its pedagogy." Dr. Herbut cited the move which Jefferson has made toward this end in its new affiliation agreements with The Franklin Institute and The Philadelphia College of Pharmacy and Science, "two outstanding Philadelphia institutions."

It was a day, too, for those whose degrees were honorary because their merits were exceptional. They were Dr. David H. Kurtzman, Brandon Barringer, Dr. Bernard J. Alpers and Keith Spalding.

Dr. Kurtzman, Superintendent of Public Instruction for the Commonwealth of Pennsylvania, has served in this capacity since last year. He previously was Chancellor of the University of Pittsburgh. The whole of Dr. Kurtzman's career has been spent in education and public service. Adviser to chief executives of cities and states, posts he has held include Secretary of the Metropolitan Study Commission, Chairman of the Major Management Advisory Committee in the City of Pittsburgh and Chairman of the Governor's Tax Study and Review Commission in the Commonwealth of Pennsylvania. Dean Kellow read the citation.

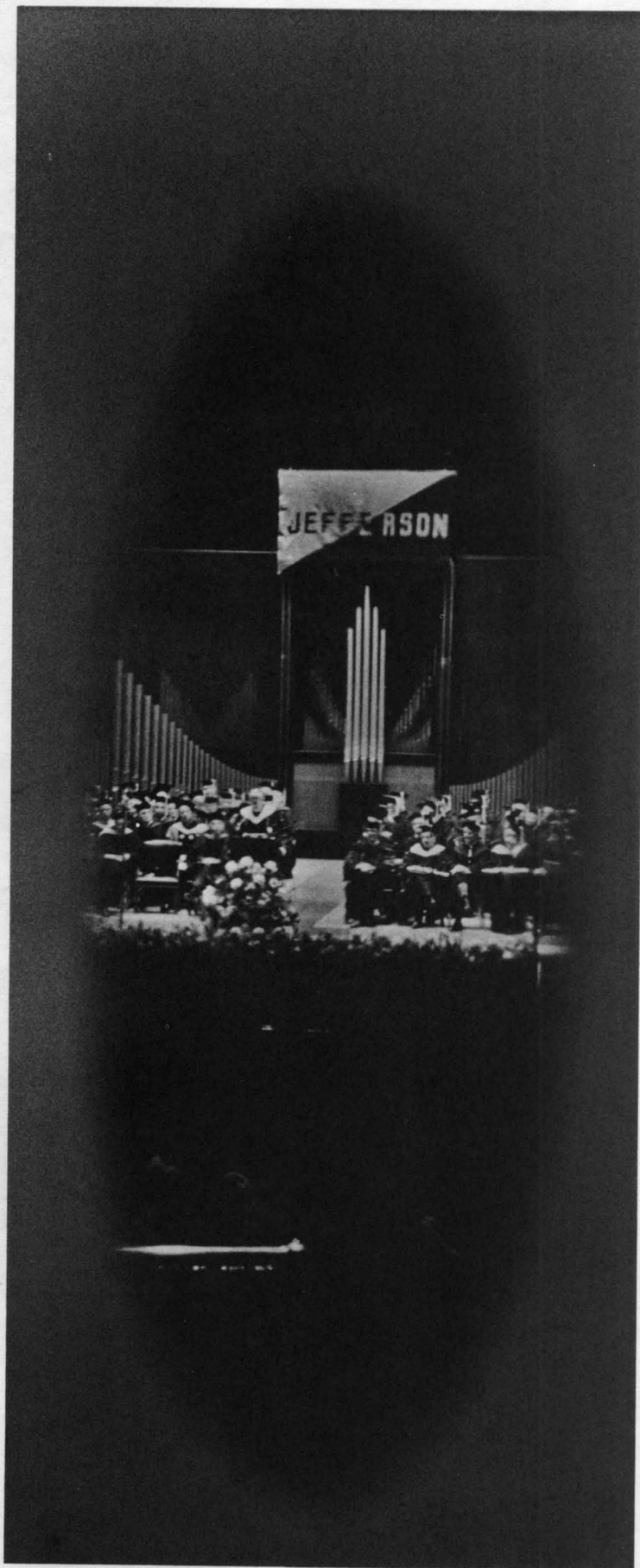
Jefferson life trustee Brandon Barringer is a man of "remarkable expertise and excellence in financial and economic affairs," according to the citation read by fellow trustee William Potter Wear. The words described a career as Treasurer of Curtis Publishing Company for fifteen years, special consultant to the Secretary of State and consultant to the Economic

the 144th

Cooperation Administration Mission to the United Kingdom and director of numerous organizations. The Barringer family has served Jefferson for seven decades, beginning with 1901 when Daniel M. Barringer was appointed a life trustee. Brandon Barringer was cited for being "particularly instrumental in guiding the financial destiny of our institution during its expansion."

The name Dr. Bernard Alpers is well known at Jefferson. He has a thirty year association here, beginning with his appointment as Professor of Neurology and Head of the Department in 1938. In 1965 he reached Emeritus status. Ten of his students have become Professors of Neurology, inspired by the rare talent of one of the world's leading neurologists. A former President of the American Neurological Society, the American Board of Psychiatry and Neurology and the American Association of Neuropathologists, he is a man of creative leadership, professional competence of an unusual degree and extraordinary personal charm, noted the citation read by Dr. Philip J. Hodes, Professor of Radiology and Head of the Department.

The Commencement speaker was honored on the occasion not for being educated, but for educating. President of Franklin and Marshall College in Lancaster, Pennsylvania, he entered the field of educational institution administration in 1958 after eight years in editorial capacities for the *Herald Tribune*. At Pennsylvania State University he was Administrative Assistant to the President, at Johns Hopkins University, Assistant to the President and then Secretary of the University, and in 1963 he assumed leadership at Franklin and Marshall College. He has brought the 200 year old school to the start of a position of national prominence. Dr. Spalding is Chairman of the Commission on Federal Regulations of the Council on Education. The citation read by Board Chairman James M. Large, states "Clearly, Franklin and Marshall College and American education have found in President Spalding a man for the times." His address follows.



commencement address

President Herbut, members of the graduating class, ladies and gentlemen.

In this moment, I am beset by all the emotions and sensations which affect a human being in such a richly solemn ritual. I am deeply conscious of the compliment you have paid me by making me an honorary alumnus of your institution. And I thank you.

As a layman and a generalist, even though I can now pretend to be one of your number, I am awed by the display of professional talent and regalia surrounding us. Even more awesome is the task of trying to convey to you, in this address, something you do not already know after all these years of education and training.

For the members of the graduating class, I am sure that this is a day of gratification and well-deserved satisfaction. The intensity of medical training, the exhausting rigor of it, the sheer mental stamina and physical endurance required of a medical student, are all surely reasons why society grants you such admiration and respect.

The solemn Oath you take, and the ethics you live by, are certainly reason for you to be proud of the distinction of the profession you enter.

I suggest you savor this moment to the fullest. For as with all other walks of life, yours is certain to be beset by successive volleys of rapid, bewildering change and unsettling new strictures. This may be one of the last moments you can consider yourselves members of the younger generation. Now, or within a very short time, you move from the ranks of student and learner to professional and participant. I will argue that the professional demands will be more stringent upon you, and of broader scope, than on recent generations, and that the demands upon you as citizens as well as doctors will more sorely try your limits than in many generations before.

On the professional side, it seems to me, you are very fortunate. You carry with you into your clinical career the habits and orientation of a proud tradition. Jefferson is known for its response to the needs of society—witness the fact that it has established itself as the medical school with the most alumni in the Western Hemisphere. In your years here, you must have heard, all around you—particularly in these last two years—earnest discussion of the responsibilities of medical schools to reach out for new ways of making physicians more effective, of equipping them with the aides, assistance, technical help and services necessary for them to put into play their professional expertise in the treatment of the ill and the prevention of disease in the well person. The establishment here of the School of Allied Health Sciences, with its com-

mitment to the training of technicians and technologists, and the concomitant elevation in status of the paramedical disciplines, is a bold and far-sighted move. And it is clear to me, from reading the Position Papers and official reports of President Herbut and your Deans and Trustees, that even more dramatic and compelling moves are to be realized in the near future.

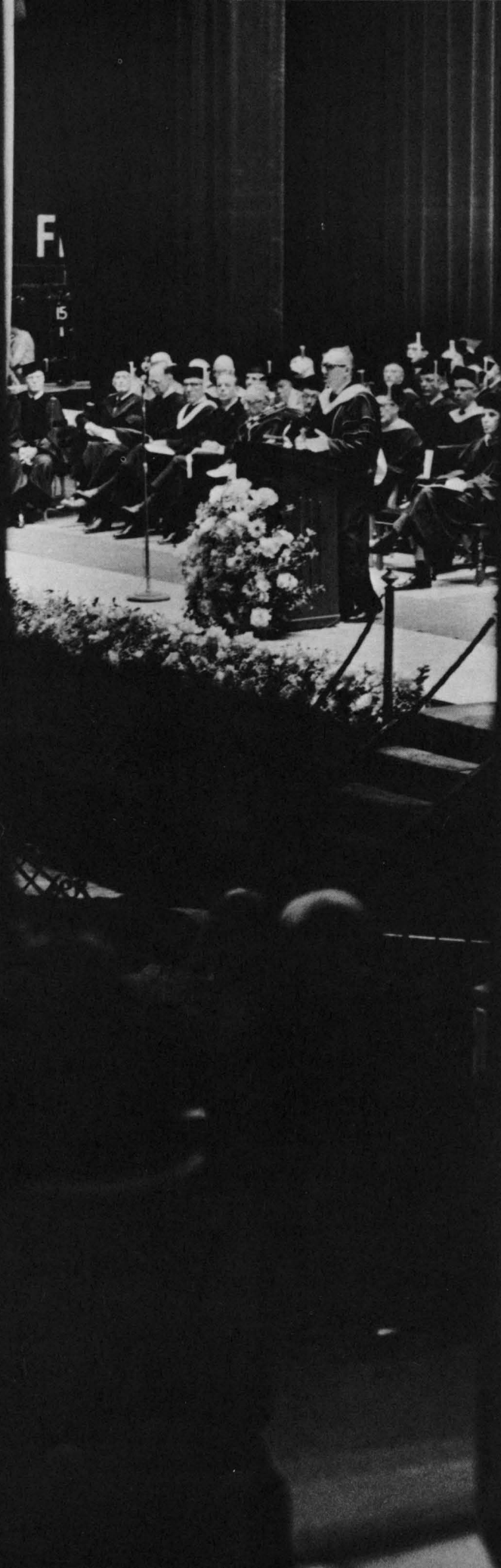
It is impressive to me—as it should be to you, to Philadelphia and to your fellow alumni—that as many institutions of higher learning now seek and search for their destiny, and many talk about the development of cooperative activities and greater scope, or talk with fear about the future, the leadership of your institution has moved courageously and purposefully toward the goal of university status. The further development of graduate studies in the academic disciplines, the progressive building of undergraduate studies, the affiliations with other productive and distinguished institutions—notably the close new relationship with the respected Franklin Institute—the further development of post-doctoral education . . . all these efforts have great potential. They cannot do other than to ventilate medical education, to break the lock-step we have traditionally built into higher learning, and breathe fresh air into the practice of medicine.

As an outsider, a layman-generalist, and an interested observer, I suggest that the development of Jefferson Medical College into a full-fledged university is one of the most unusual, most promising and most exciting experiments on the American educational scene today.

Philadelphia is already known as one of the most important concentrations of medical talent and the twin phases of medical education and research in the nation. I trust that Philadelphians are aware of the significance of the Jefferson plan. The broad-gauged efforts of Jefferson's leadership may not have the same dramatic impact on medicine as, for example, the famed Flexner Report in the early years of the century—but they may well reflect changes to come in the medical profession of equal portent for medicine and for our civilization.

As new members of a distinguished company—the largest medical alumni body in the world—you are part of this exciting thrust, and you will always be. I would hope now, while the style and the import of it are still fresh in your minds, that you will commit yourselves to engendering and encouraging such constructive change. I should think that you would find reason for great pride in becoming known as alumni of the Thomas Jefferson University, when that great day comes, in the not-too-far-distant future.

*Right, at Academy of Music, Commencement Speaker
Keith Spalding, President, Franklin and Marshall College*



The move will need proponents, surely, for it is in the nature of man to be nostalgic and sometimes provincial in his resistance of change. But the essence of nostalgia, I have heard it said, is the realization that what has been, cannot be again — and the progress of civilization will not permit it to be. The simple fact of alumniship is that, just as your successes and your contributions to medicine will reflect credit upon Jefferson, so will Jefferson's increasing greatness bestow upon you greater status and prestige.

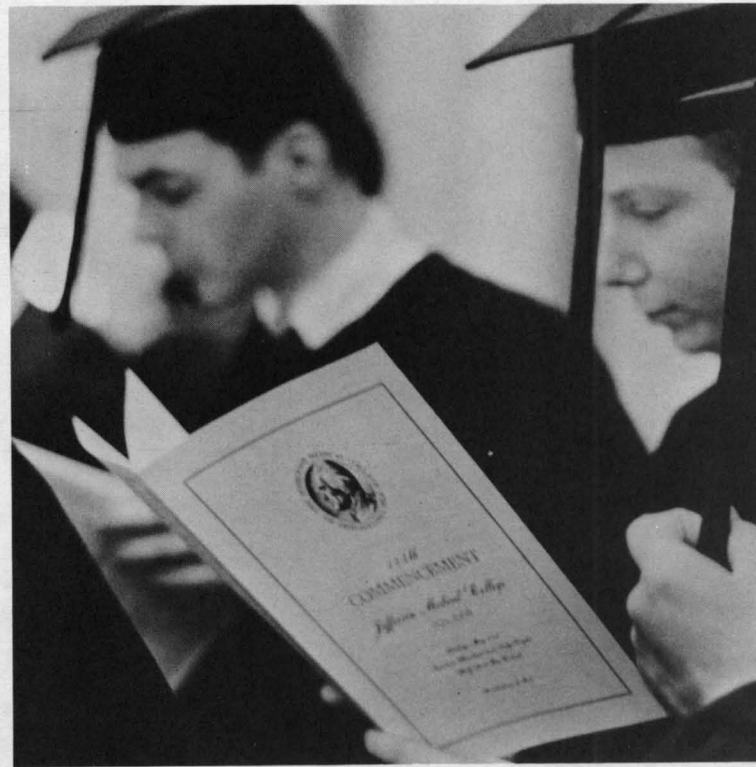
Your attention and participation in assisting this institution to realize its potential in service is a part of that commitment to a larger world which I hinted a moment ago you would be required to assume as citizens of this rapidly changing world.

I have no doubt, by the way, that you will be given ample opportunity to return to this scene, for I have heard Doctor Herbut argue that the continuing education of physicians, beyond the point of the granting of the doctorate and their engaging in actual practice, is a critical necessity. He and others have pointed out that medical education is in a state of ferment because of the rapidly pyramiding discovery of new basic knowledge and new practical techniques. I have heard it said repeatedly that a doctor only five years out of training is becoming obsolete if he does not return to the source of his knowledge for refreshment and exposure to the new advances in the science of the profession.

That imposes a heavy responsibility upon each of you, now granted status superior to that of a student, to continue to be a learner. But I suspect that you will find that prospect reassuring rather than frightening, for I have no doubt that you are deeply impressed at this moment with the solemnity of having in your hands now the responsibility for life and death of individuals whom you will touch and see and talk to.

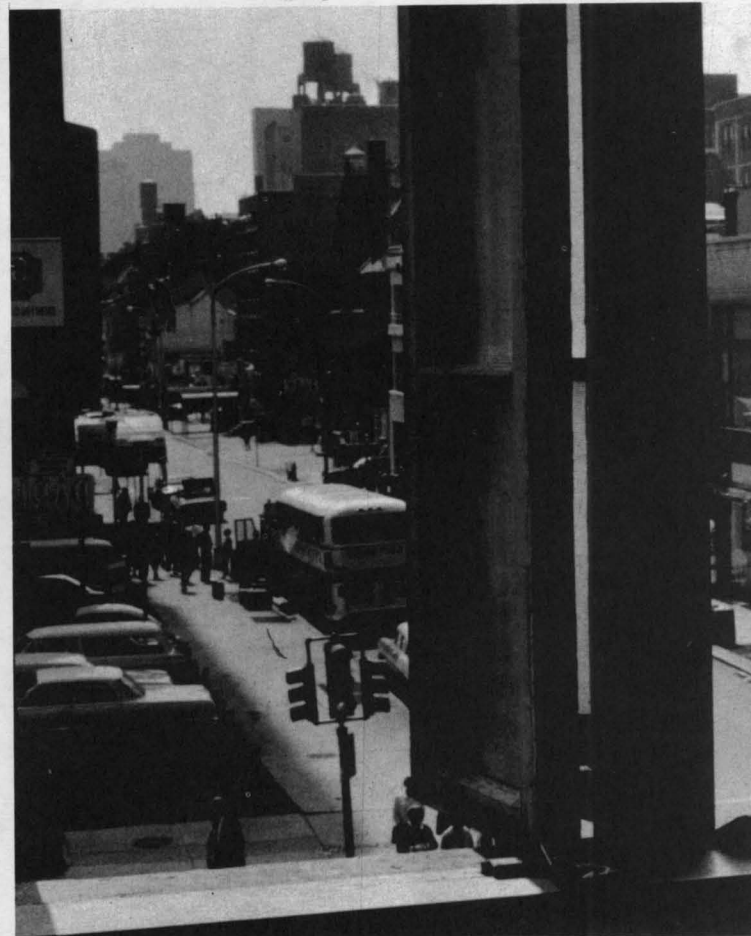
This matter of continuing education, in which Jefferson seems prepared to accept an unusual degree of obligation, is closer to my own knowledge and a layman's perspectives. Because, I repeat, a doctor cannot be either demi-god or iconoclast, and because by reason of his status the duties and responsibilities of citizenship fall heavily upon him, I beg permission to comment on that dimension of education. In my observations as an educator, I have yet to discover a physician who does not have a deep desire to assist the society in finding the good life, in all its grandeur. I have yet to find an eminent doctor who does not wish with great earnestness that his background were more fully enriched by deeper exposure to the humanities—the arts, literature, history, esthetics etc.

I have yet to find the surgeon who is not asked by patients how they can solve personal difficulties—or,



Mortarboards frame the 144th Commencement Program.

Senior student checks traffic pattern on Locust Street.





Right: Academy ball-room doubles as dressing room for graduates.



for that matter, how they should invest their money, or where they should send their children to college. Or the pediatrician, I suppose, who is not asked how to judge the worth of automobiles. Unfair and burdensome as that may be to the physician in his practice, the status it represents in the eyes of men and women gives the doctor unusual opportunity for influencing the progress of civilization—if he is informed, if his perceptions are keen, and if his intellect is balanced and refreshed.

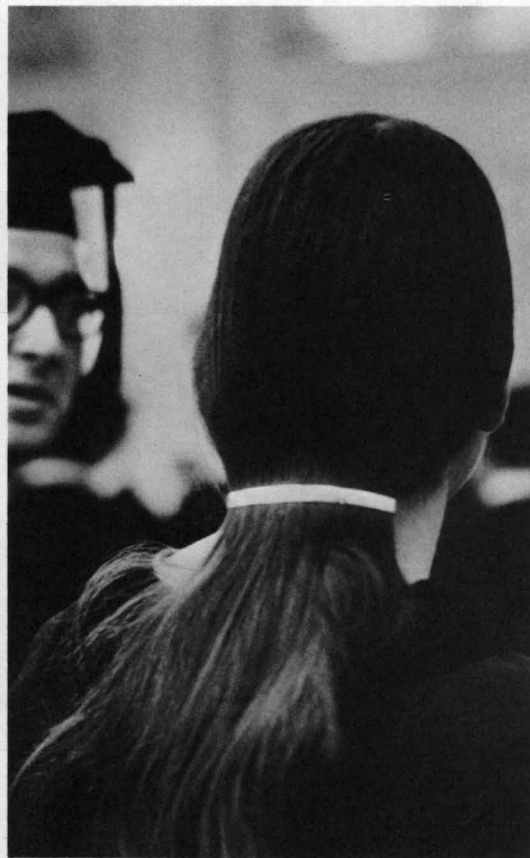
I would therefore not think it strange if, one day, you were invited back to Thomas Jefferson University not only to learn of new advances in pathology, but for refreshment and re-creation in either Shakespeare or the new literature, or for a new exposure to Kirkegaard, or to Bach. There are, I submit, few things more stimulating and refreshing than the tickling of an alert mind. There are few excitements greater than the engaging in intellectual discovery—for it is new and fresh for every man. Each discovery is a personal thing and, as Edith Hamilton so gently put it: "How much more agreeable and enjoyable it is to be educated! How much fun you can have with your own mind!" I would add: How much better a physician it will make you if you remain educated, and give your mind opportunities for broad range and greater scope.

And, if by any chance you remember or take seriously anything I have said, how much better prepared you will be for the world of which you are an important part. At this moment, it seems a confused and troubled world, and I confess I am not the one to explain all its aberrations. But if we try, very hard, to assume a removed, objective stance, and try to view it with a sense of history, it is clear that the movement of this civilization is a continuum.

With credit to a fellow educator, Chancellor D. B. Varner of Oakland University in Michigan, from whom I want to borrow liberally, I would point out that the malfunctions of our society which are receiving so much attention now were identified, brought into the foreground and offered up for correction by the very generation that young people now think of as the decadent older one.

We on this stage and many of those who view this graduating class with pride today were in that generation which experienced the influence of almost universal poverty, and bankruptcy and hunger—and which, through our political processes, threw the spotlight of attention on the *pockets* of poverty which afflict this new affluent society. The nation is torn by racial strife, but it was this generation, as Dr. Varner says, "which had the courage to identify the problem, label it as a problem, to focus public attention on a topic which had been ignored for almost 100 years."

We hand you a strife-torn international scene, with



One of Jefferson's new looks



A helping hand

Six clubs, doubled, vulnerable

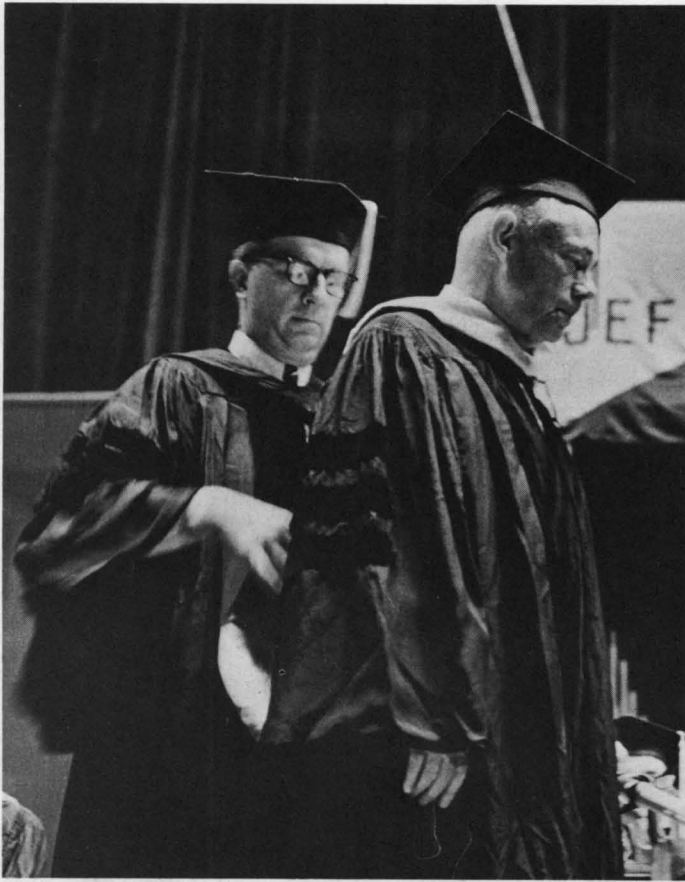




Sheet music is studied amid litter of gown boxes

Concerto before Commencement





Above, Dr. Frank J. Sweeney (left) arranges hood for Brandon Barringer. Top right, Dr. Herbut congratulates Dr. Bernard J. Alpers (left). Right, Dean Kellow reads citation of Dr. David H. Kurtzman (right)



From left, James M. Large and Dr. Andrew J. Ramsay applaud as Doctor Herbut (right) presents honorary degree to Keith Spalding.

a deeply distressing, unpopular war in Vietnam at the center of its stage. But it was that generation of which I speak that fought a massive war, with a staggering cost in human life, and then "created and implemented the most massive (and successful) post-war reconstruction program ever devised by man."

Chancellor Varner was talking with undergraduates, principally, and people young enough to have short memories, brief encounter with history, little or no as yet developed sense of humanity or understanding of the human condition of those who fear change as well as those who seek it. So he made the point that those graduates must not wade "into a sea of self-pity" . . . that the older generation "has taken substantial strides toward the ultimate achievement of a world of justice, of dignity, of equality for mankind."

He pointed out that the accomplishments of this generation have been very impressive: "The work in human medicine, in increasing food production, in the lengthening of human life, in reducing infant mortality, in technological advances in transportation, communication, manufacturing, in economic improvements, in birth control—all these reflect astounding accomplishments. More than this (he said) the creation of the United Nations, the best hope of society for world peace and understanding; the approximate doubling of the fund of organized knowledge in this world; the dramatic moves to eliminate poverty and racial discrimination among our people; these are the landmarks of that generation which passed through just ahead of yours."

His point in closing was that this generation has handed yours "a level of physical comfort and economic affluency never before achieved in the history of all mankind," along with the tools to solve problems which have "perplexed mankind forever." And he wished them well in their efforts.

My point is a slightly different one, in which I can luxuriate because you are somewhat older and characterized by the unusual sophistication and maturity that accompanies medical experience. It is that, by virtue of your high status in the body politic as physicians and professionals, you will be called upon to deal with the impatience and the high expectations of generations led to expect immediate results, and even magic, because of their accommodation to the affluence, the dramatically improved technology, and the new momentum which our system has made possible for them.

In the argot of the young, medicine is closer to the scene of the action today. And you will be part of that action. Medicine has been perceived as an instrument for social improvement. The benefits of medical care have been or are being extended to greater and greater numbers of persons—the aged and infirm, the poverty-bound, the disturbed and the uncomfortable.

It is more apparently affecting many aspects of our lives. Your profession finds that it can transplant kidneys, hearts and lungs to preserve and lengthen life—and you must help with the deep philosophical, religious and legal precepts on which we determine when death occurs. Our scientists find they can send men into space, and you must make new determinations about the physiology and the mentality of those men. Increasingly we recognize the dimensions of mental health, and it is your profession, broadly speaking, which must make new determinations about the chemistry of the brain. Or, you may find it necessary to deal with not only acute illness but rehabilitation as well.

It was another member of your class who wrote some eloquent words which are germane to my point: talking of your Project Haiti—a most impressive undertaking in service to the people of a poor country on the part of Jefferson medical students, he said: "For the student (serving in the clinics in Haiti, of which they set up several in addition to the existing facilities) there is also an increased sensitivity to the cultural and social interactions of health problems, as well as the means to explore geographic and racial determinants of health and the exposure to environments which can stimulate fresh research. Here is an opportunity to see the devastating impact of what are considered mild and preventable diseases in this country when they operate in uncontrolled and inimical environments. With this broader understanding, a student can transfer his observations from a foreign environment to a domestic one. Even if the volunteer never travels abroad again, his attitude toward medicine and the level of his professional ability will have been permanently enhanced."

I trust I will not embarrass him if I suggest that there is no clearer exposition of the fact that medicine has no national boundaries, nor has the unity of mankind.

It is in this sense that I have suggested that it is appropriate now for physicians to make their commitment to all the larger aspects of the world in which they move. Based on the rich, proud traditions in which you have been nurtured; educated (in Whitehead's phrase) for uncertainty; open-minded with the compassion that grows upon a man or woman engaged in dealing constantly with the human condition; alert and constantly learning, you have greater opportunities than any who have preceded you for service to mankind and to the art and science of medicine.

With earnestness, I congratulate you on the success which this day marks in your careers. I am privileged to be with you on this occasion of significance for you and those who have taught you. I am happy to be one of the first, in an official sense, to greet you each as "Doctor."

wednesday a.m., reunion clinics

Filled with attentive alumni faces on May 29 was a landmark familiar to even the most recent Jefferson graduates. It was the site of the old pit. Now a comfortable new auditorium, it provides the most modern projection and patient demonstration facilities. The morning's program listed ten clinic speakers ranging from the class of 1963 to the fifty year reunion class. Dr. Joel J. Nobel '63, opened, followed by Dr. Joseph T. English '58, Dr. Russell W. Schaedler '53, Dr. Henry R. Liss '48, Dr. Theodore J. Berry '43, Dr. Jerome Chamovitz '38, Dr. Harold T. Fuerst '33, Dr. Joseph M. de los Reyes '28, Dr. W. Emory Burnett '23, and Dr. William T. Leach '18. After the last presentation, the group adjourned to the Dean's Luncheon.



midmorning coffee break





Dr. English

American Poverty: Beyond Economics

by Joseph T. English M.D., '58

When most people hear about some of the things I've been involved in since leaving Jefferson in 1958, they wonder if psychiatric training should not be more protective. One of the first questions I used to be asked in the Peace Corps was why it needed a psychiatrist.

I can tell you that, since moving to the Poverty Program, I have not been asked that question once.

One of the first things I have learned is the impact of a large number of alumni at Jefferson Medical College around the world. There are few countries where one does not encounter a Jeff graduate. And now there are few states in the Union, where some of the new poverty programs are developing, that you don't also run into our Jeff colleagues.

The most recent Jeff graduate I had a chance to talk to was a general practitioner in the northern part of New Jersey. He attended a meeting we had a couple of months ago for general practitioners who were interested in what they could do in some of the poor rural areas of our country. This physician came into the meeting about an hour late and a little bit haggard. During the coffee break he explained that he had had a hectic day at the hospital and making rounds.

Dr. Joseph T. English, a psychiatrist, is Assistant Director of the Office of Economic Opportunity for Health Affairs. Prior to this position he was Senior Psychiatric Consultant with the Peace Corps. In February Dr. English, selected as one of the ten "outstanding young men in Federal Government," was recipient of the Arthur S. Flemming Award.

At eleven-thirty P.M. he had come home and just managed to get a bite to eat and settle down in bed when the phone rang. A very upset and excited father said, "Doctor, you've got to come over right away—our little baby just swallowed a contraceptive!" The doctor tried to say some reassuring things, but he didn't get very far, so he got out of bed, got dressed, got the car out, and was just about down the driveway, when the phone rang again. It was the father again. This time he sounded a little bit calmer, though. "Doc, I'm sorry, but maybe you don't really have to come over now. We found another one."

So you can see the world is changing in many ways. After working with poor countries abroad, we are now learning a lot about our own country. It's interesting that many of the young physicians who work with us now in Washington, served with the Peace Corps abroad. Very often they had to go to someone else's backyard to work on developing the stimulus to tackle some of the problems we've had here at home for a long time.

It's infinitely more difficult to work in your own country. I'd like to share with you some of the things we're learning about poverty in the USA and some of the implications of this for American medicine.

We're beginning to understand what poverty really is. We used to think that it was simply being without money. So we had various charities that provided clothing for unfortunate children, or odd jobs for the unemployed men, or a Christmas curtain to maintain the pauper's faith in the goodness of the rich.

Today we know that poverty is far more complex than the mere absence of money—and is far more widespread in our country than we once believed. Because by rather conservative definition of maximum per capita income of \$750 a year, thirty-two million Americans are poor. Seventy per cent of these Americans are white. Forty-five per cent live in the rural areas. Forty per cent are children. Twenty-five per cent are old. That's the description of the "lazy, shiftless poor."

Today we know that if we guaranteed a marginal income for a full year for every poor American, that at the end of that year almost none would have gotten out of poverty. This is because poverty is not just being without money. It is a lack of education. It's not having a marketable job skill. It's not having access to a lawyer. Or to a physician. It's living in the darkness of an urban slum. It's being a child in the ghetto. It's being a Mexican-American along the Rio Grande. Or an American Indian on a Navajo reservation. Or an American Negro in Harlem.

The other thing we've learned is that the welfare check is not a one-way ticket out of poverty—it's just a claim check on a subsistence life. It may buy enough food or rent or clothing to keep you alive, but it doesn't buy skills, motivation, or that most scarce com-

modity in the poor communities of this country—hope.

I think that as we've gotten a chance to work in some of these communities we've begun to understand that the problems of health are very important in an approach to poverty as well. Aristotle said two thousand years ago that health of mind and body is so absolutely fundamental to the good life, that if men have *any* personal rights as human beings then they have an absolute moral right to such a measure of good health as society, and society alone, is able to give them.

When the Declaration of Independence was written some three hundred years ago and cited the "right to life, liberty and the pursuit of happiness," perhaps the "right to life" then may have been the right not to have your life taken away by execution or prison. But the right to life for the poor in this country today is something very different. It's the right not to have your life whittled away by the kind of disease and illness and hunger and malnutrition that is rampant among poverty populations in this country.

In 1958 fifty per cent of poor children in this country have still not had adequate immunizations. Sixty-four per cent of these children have never seen a dentist. Nearly half of all the women who have their babies born in public hospitals in this country in 1968 have had absolutely no prenatal care. That's a measure of what other medical care may have been available to them and their families.

I can remember traveling in Bolivia with Peace Corps volunteers and being introduced to a young mother who had a baby on her back. I asked the baby's name and the young mother said, "It is God's child." So many children die before the first year of life in Bolivia that a mother does not name her child, (she considers it God's child) until it reaches its first birthday. In the United States of America in 1968, an infant born to poor parents has twice the risk of dying before reaching his first birthday as your child would have. If he is poor, his chance of dying before reaching thirty-five is four times greater. I think you know that we now stand fifteenth among the nations of the world for mortality rates per thousand live births. If you take out the thirty-five million poor people from those figures, then we compare more favorably.

You may not know that we now rank twenty-second among the nations of the world in life expectancy rates for adult males. The National Health Survey has revealed that there is three times more disabling heart disease, seven times more visual impairment, five times more mental illness, retardation and nervous disorder among poor families. Five per cent of the children in this country are born retarded. By the time those children reach twelve years of age eleven per cent of the children in this country are retarded. Seventy-five per cent of that retardation comes out of urban and rural poverty areas.

When you travel in Alabama—as I had a chance to do recently—it's hard to run into a white or black family that does not have a retarded child. And in some of those families the father was unable to work when he was offered a job because he was too weak from hunger. Then you begin to understand what a problem we face. The killer diseases of the poor are still tuberculosis, influenza, pneumonia — diseases which the rest of the population has not suffered from for generations.

At a time when we are emphasizing manpower, training programs, and jobs for "hardcore unemployed," nearly one-third of the poor who are employed in this country have chronic conditions of illness which severely limit their capacity to work. I could give you some statistics showing the tremendous discrepancy in the incidence of chronic illness affecting ability to work, as one moves down the socioeconomic scale.

So I think the question all of us physicians have to ask is how, in a country justifiably proud of its medical achievements, a country where nearly every year one of our physicians receives a Nobel prize, we can have this kind of record at the same time. We are beginning to learn in 1968 that perhaps the most critical health question of our time is not just what more do we need to know in order to treat patients better, but also, and equally important, how can we apply what we have known for years to millions of people in this country who are not touched by that knowledge.

The Poverty Program has found itself in the business of health in many ways. It spends \$20 million a year just to "fix up" Job Corps kids who come to its program with health deficits which, if not corrected, will make it difficult for them to work at the end of that training. It has to spend nearly \$40 million a year to medically treat the pre-school children who have been in Head Start.

One of the questions we have asked is: At the same time that those efforts are going on, is it as important to try to do something about the basic problem at the community level: how to get high quality family care to the people in the ghettos and rural areas. This has become the major health thrust of the Poverty Program. Such programs are underway at this moment in forty-four different sections of the country. Medical schools, hospitals, medical societies, group practices, have come to involve themselves in such health care programs for nearly a million of the nation's poor.

To give you some idea of what this means: A year and a half ago only two medical schools in the country were interested in this kind of research question. Today, twenty-five per cent of the medical schools in the United States are involved in the operation of such programs, and another twenty-five per cent have put us on notice that they want to start such pro-

grams when the resources become available. Fifty-seven hospitals are involved in these programs. Thirteen of these programs are actually operated by hospitals.

But the most significant thing has been the response of organized medicine. This is the first health program under the sponsorship of the Federal government that has not been initially opposed by organized medicine. A recent past president of the American Medical Association, Dr. Charles Hudson, helped to develop the guidelines for the program and called on the medical societies of the country to assist its development and to take the initiative in such programs. Yesterday in San Francisco I saw the beautiful new Mission Health Center in the poor part of that city. The Medical and Dental Societies of San Francisco are developing that program. In King City, California, it is a group practice set up by the San Mateo Society. Last Friday I stood in the capitol of the Confederacy, in Montgomery, Alabama, and heard the announcement of the new program there that is being done by the medical societies of that city. Today we are announcing a grant to the medical society of Lowndes County, Alabama, which has three physicians. These three physicians are not only the Medical Society but also the Board of Health of Lowndes County. It is incredible to see them developing a most innovative rural health program for an area of 1,000 square miles, and for sixteen thousand people who have a per capita income of less than \$850 a year.

These programs have brought doctors into contact with the poor people with whom they work in partnership.

About an hour and a half out of San Francisco on Route 101 south, you turn off onto a mudflat called Alviso, where four thousand Mexican-Americans live in poverty that rivals anything in any of the nations where the Peace Corp works. They have never been able to get doctors to come to Alviso. It's not a pleasant place to live. The Mexican-Americans read an article in the San Francisco Chronicle about two doctors in San Francisco who were in trouble with the Internal Revenue Department and were about to go to jail. Those Mexican-Americans organized a delegation and visited the office of the District Director of Internal Revenue in San Francisco and said to him: "Sir, it's criminal to put a doctor in jail these days. We have a place that is worse than jail. It is called Alviso." And that's initially how the doctors got to Alviso. They also now have in Alviso a neighborhood health center with the backing of the Stanford Medical School. They are building the center themselves. We are paying for only the materials.

In this time of meager resources, such efforts on the part of the poor to help themselves, and the magnificent response they are receiving from physicians, give us grounds for hope.

Many disciplines are being brought to bear on problems in medicine and delivery of health services. These include systems analysis, systems engineering, biomedical engineering, and operations research. Some of these new techniques have evolved within the military services to make better and more rational use of resources, human, technical and economic, in the pursuit of specific objectives.

Today we see these techniques used to solve problems in medicine. My colleagues and I have, during the past few years, been very much concerned with the application of these techniques to emergency care, both inside and outside the hospital.

We have developed a Hospital Emergency Command System to provide simultaneous and immediate mobilization of communications, personnel, equipment and elevators.

The conventional process in an in-patient emergency is that the nurse discovers a patient with a cardiopulmonary arrest. She then begins a series of tasks which include manual cardiac compression and mouth-to-mouth breathing. The next phase is to mobilize more resources. To do this the bedside or nurse's telephone is used. The nurse dials the operator and then frequently waits a prolonged period for the switchboard to respond. The operator answers and mobilizes the emergency team, but often misdirects the team by providing the wrong room number. This is done in haste and panic and results in a good deal of confusion.

Once the team knows where to go, it is confronted by elevator delays which, in a high rise building, can be more than five minutes. It is impossible, therefore,

Dr. Joel J. Nobel is Director of Research at the Emergency Care Research Center, Graduate Pain Research Foundation in Philadelphia. He is a Fellow in the Department of Anesthesiology at Jefferson and is Program Coordinator for a course in Cardiopulmonary Resuscitation at the Hospital. (see page 41, "in an emergency")

Advanced Systems for Emergency Care

by Joel J. Nobel M.D., '63



Dr. Nobel

to provide adequate emergency care at the bedside simply because of the time required for mobilization.

Another problem in emergency care is the trauma patient who arrives in the receiving ward and requires immediate surgery. Surgeons often feel that the factors which delay emergency surgery are the intransigence of the Anesthesia Department and the time required to ready the operating room. The real problem, however, is the time required for serial communications to a number of offices, laboratories and individuals from a single point. Problems can be remedied, however, only when precisely identified. To do this, discrete data must be collected. Elevators are timed, patient records are investigated, the operating room log is reviewed, emergency calls are recorded and analyzed, and organizational and clinical procedures are considered.

A mathematical model of the hospital environment as it pertains to emergency care is created. Flow patterns of movement through the hospital, transit time between critical points such as the emergency room and the elevator, the location of on-call rooms and staffing patterns are all considered.

Computer simulations of emergency situations are generated. By exercising the computer we can identify the limiting factors for ultimate design of a system before putting the actual hardware into a hospital. It is easy and relatively inexpensive to make changes in a computer simulation instead of modifying a real system after it is put into the hospital.

The Hospital Emergency Command System is based on the simple idea that emergencies require specific responses which may be both anticipated and duplicated, and therefore may logically employ automatic systems.

With this new system, an alert may be initiated from any dial telephone by dialing a specific number and enunciating an appropriate message, such as "Code Blue, room 705." The nurse's voice is recorded on a closed loop message repeater. She may then immediately return to her basic role of supporting the patient. The system automatically signals preselected vital telephones with a distinctive ring. These telephones may be, for example, in on-call rooms, Heart Station and Anesthesia Office. When a telephone is answered the message is received. If the phone is busy a warning tone is transmitted and the message may then be received. The emergency call has first priority.

Another electrical impulse goes to the power supply of a special Mobile Emergency Life Support and Resuscitation System and energizes it to preheat the electronics and start its elapsed time meter. By the time this cart reaches the patient's bedside it is fully operational. Radio page transmitters and pocket page receivers are activated by the same triggering mechanism.

Yet another electrical impulse is sent to the automatic elevator programmer which selects the best elevator, considering factors of proximity, direction of travel and maintenance downtime. This elevator goes to the proper floor and locks there until the emergency cart is in the elevator cab. In effect the cart says to the elevator, electronically, "I'm here," and the elevator says, "Okay, let's go."

We expect to deliver an emergency team and its equipment anywhere in the Jefferson Hospital complex in ninety seconds. This is a stringent goal, but we hope to come quite close to meeting it. Other elevators can be controlled by team members during the emergency basis.

For surgical emergencies starting in the accident ward a different code is dialed. The vital telephones are in the blood bank, hematology laboratory, operating room, anesthesia office, on-call rooms and other appropriate areas. The elevator goes to the receiving ward floor.

The ultimate goal is improved patient care. We are trying to match the patient and the best resources for his care on an immediate basis.

The Mobile Emergency Life Support and Resuscitation vehicle, nicknamed MAX, that is connected to this system has been in general use for about two years. MAX carts are in broad use in this country and in Europe. Jefferson has two such systems. The MAX cart is equipped with self-contained electrical power supplies and oxygen. It differs from conventional emergency carts because the patient is placed on it, rather than using it at the bedside as an equipment aggregation. The patient is placed in what might be called an assembly jig for emergency care. All equipment and operating personnel are in efficient prepositioned relationships to the patient, encouraging swift clinical support.

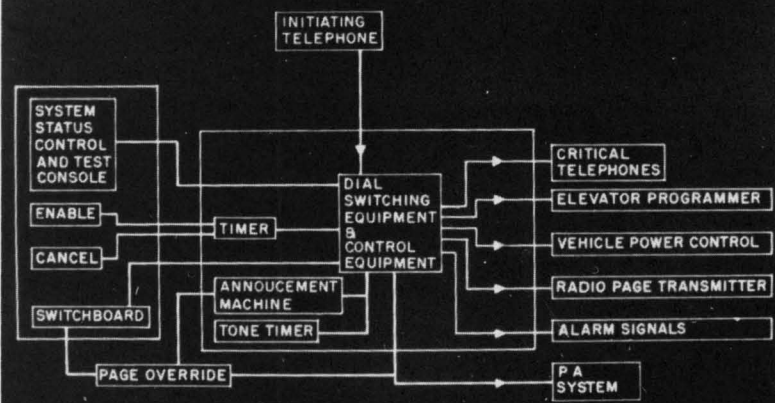
There are five critical procedures to be carried out quickly. These include providing a good airway, adequate respiration with an oxygen-supplemented respirator, mechanical cardiac compression, beginning a cut-down for intravenous fluids and visualizing a trace on the cardioscope.

Using a conventional emergency cart at the patient's bedside, these tasks would normally take from three to seven minutes. A team with a reasonable training level can accomplish the same tasks in less than thirty seconds using a MAX system.

The ability to move the patient while all life support procedures are maintained, even in an elevator, is another advantage of using a cart with its own power and oxygen supplies.

These types of systems shorten the time base for emergency care. More than that, they mold the procedures of emergency care and provide greater consistency.

HOSPITAL EMERGENCY COMMAND SYSTEM SIMPLIFIED BLOCK DIAGRAM



The MAX system is versatile and is used for more than cardiopulmonary arrests. The cardiac compressor, ventilator and cadaver are used as supporting modalities for the kidney in kidney transplants. In the operating room the kidney may be transplanted with the assurance of more rapid return of kidney function because of continuous oxygenation.

There are other parallel concepts that concern us. One is the development of an Emergency Life Support Pod, which is an extension of the idea of an assembly jig for emergency care. It is intended for use outside the hospital by paramedical personnel in helicopters, aircraft, ambulances and police vehicles. It will be able to provide cardiopulmonary support, aspiration, and a boost in "central blood volume" without the need for a venapuncture.

Time-motion studies and a systems analysis of emergency care in the accident ward are being undertaken. Behavioral studies of personnel responses during emergency care are also being considered.

Another program is an Area-wide Emergency Services System. We are doing a feasibility study for a system in the Delaware Valley which will permit Mrs. Brown to call a central number and say, "I think that my husband is having a heart attack." Taking into account Mrs. Brown's location, perhaps the probability of its being a heart attack, traffic density and patterns, weather data, status of hospitals with regard to loading in their Coronary or Intensive Care Units and Accident Ward saturation, a computer will vector the most appropriate vehicle to the patient and send him to the hospital with the best available resources.

Under other circumstances it might send a helicopter to the Expressway on a Friday at 5 P.M. to move a patient to a hospital for trauma care.

It is difficult to overestimate the value of planning in these programs or the application of analytical tools in evaluating what has been accomplished. For example, there has been an experimental helicopter ambulance program operating in the Delaware Valley. Months before the program began it was pointed out that communications and coordination were inadequate. The program was therefore doomed to fail.

So far as we know, a very small number of patients were moved in seven months at a cost of over \$150,000. All of these patients were ambulatory.

Because of this it may be concluded that helicopter ambulances are impractical. This is not true. What it does indicate is that planning was inadequate.

We are, therefore, making a plea for the application of more and more of these stringent analytical techniques to make a precise evaluation of innovations before they are adopted. With finite human, technical and economic capabilities, we have no choice but to undertake methodical planning, a rational system of priorities and the most effective employment of existing resources.



Patient on MAX receives all life support procedures during emergency (top). Another view of MAX at bedside of emergency case.



wednesday noon, dean's luncheon

The scientific side of reunion week behind, the social side took over. Luncheon hour on May 29 was the Dean's treat. The mood was jovial as guest alumni and faculty made their way into McClellan Hall. Special guests were the retiring faculty members, whom Dean William F. Kellow introduced for special recognition.

It was the first year for Dean Kellow to host the event. He took the opportunity to give some background on the graduating class and to outline the curriculum changes and the present thinking in the College. The only unfavorable of the day was on the outside. But even the rainfall did not affect spirits—nor deter alumni from touring a changing campus.

Dean Kellow (at podium) introduces faculty members receiving honorary status. Standing from left, Drs. Bernard B. Stein, Meyer H. Friedman, Max L. Weimann.



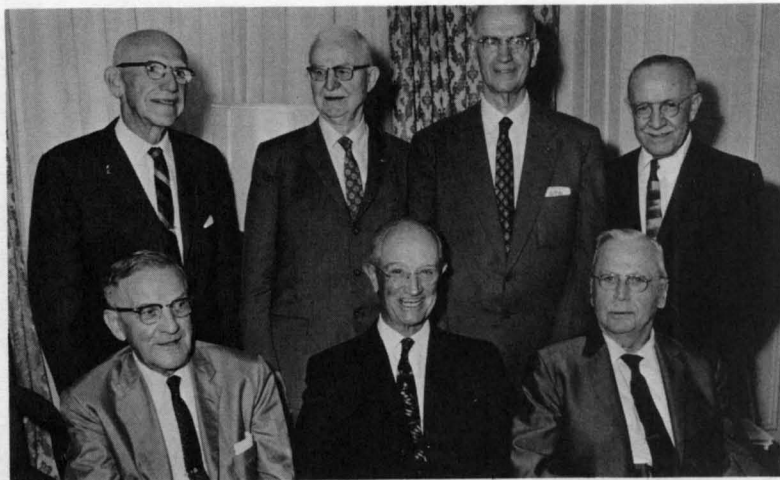
The Dean (left) and the President greet luncheon guests.



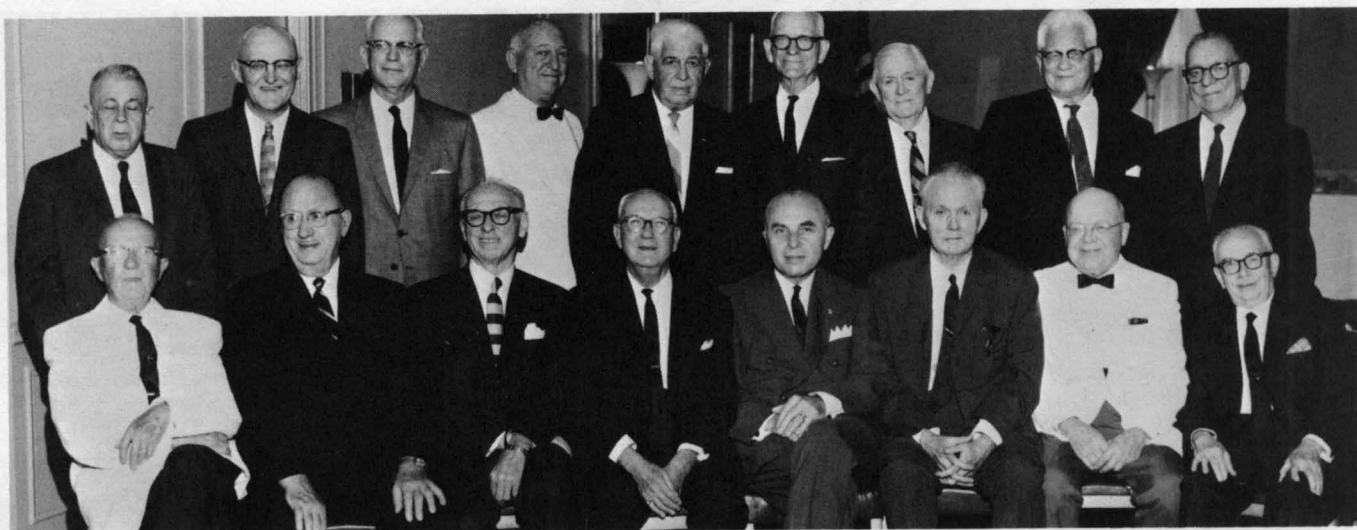
Alumni with graduating sons and daughters receive special recognition at luncheon. Above, John P. Manges, Jr., and his father, Dr. Manges, Sr., '36. Bottom, Virginia Campbell and father, Dr. James M. Campbell, Jr., '37.

wednesday night, reunion parties

Philadelphia knew that Jefferson alumni were in town on the evening of May 29. It was a party scene from the Benjamin Franklin Hotel up to the Barclay Hotel and on out to the Marriott. The fun shows in the photographs. The only missing evidence is the class of 1958 dinner-dance, a lively one at the Warwick Hotel, organized by Reunion Chairman Dr. Jerome L. Sandler. The twentieth reunion class skipped town for some sun and surf, making Bermuda their meeting point in mid June.



Seven members of the Old Guard met at the Benjamin Franklin on Memorial Day for luncheon and talked of things past and present. Dr. Theo W. O'Brien '13, standing 2nd from right (five of his classmates were there for the 55th reunion) was chairman.



Sixteen gentlemen gathered at the Benjamin Franklin Wednesday for dinner and their golden anniversary in the practice of medicine. A memorable occasion was more notable with the presence of Doctor Peter A. Herbut, Jefferson President. Dr. Reynold S. Griffith, standing right, acted as both reunion chairman and class agent. (Also see page 31)



The class of '23 with badges of Jefferson blue, held a dinner at the Barclay. One of the highlights of the evening was distribution of an up-to-date class record researched and compiled by Ernest Noone. (83% of class responded to questionnaire.) Reunion plans were made by co-chairmen Drs. George J. Willauer and Benjamin Haskell, seated right 2nd and 1st respectively.



The Bellevue Stratford was the setting for the dinner dance for the class of 1928. The photo tells the story of its success. Chairmen for their 40th were Drs. Elmer J. Elias and Joseph A. Scarano, seated center left and right, first row and Dr. Ignatius S. Hneleski, 2nd row from rear, right.



Dr. Leon Prince, seated fifth from left, planned a gourmet stag dinner at the Barclay for the class of 1933. The following evening before the banquet there was a cocktail party for faculty members and classmates. Dr. Prince counted two successes, one for the reunion, the other for first place in amount for annual giving: \$10,089.



The class of 1938 celebrated its 30th reunion with a dinner at the Barclay. Dr. Edward Coverdale, seated 3rd from left, was chairman of the party.

Bermuda: site of the twentieth for the class of '48



Flight Time.

by Norman Quinn

Months of planning became a reality at 8 a.m. on the morning of 20 June 1968 when forty-six members and families of the Class of '48 assembled at the Philadelphia International Airport. As departure time grew near, the ever increasing pile of traveling bags, tennis racquets, golf clubs, water skis, beverage holders, wives, children and smiling classmates established a new weight record for Eastern Airlines Flight 809 to Bermuda. With Dr. Dave Thomas and family leading the way, the special band, assembled for the occasion, played "Hail to the Chief"(s). As speeches were held to a minimum much to the sorrow of the on-looking press and public, the tout ensemble ascended the airline stairway to begin a five day vacation to commemorate the twentieth year as a graduate of Jefferson Medical College.

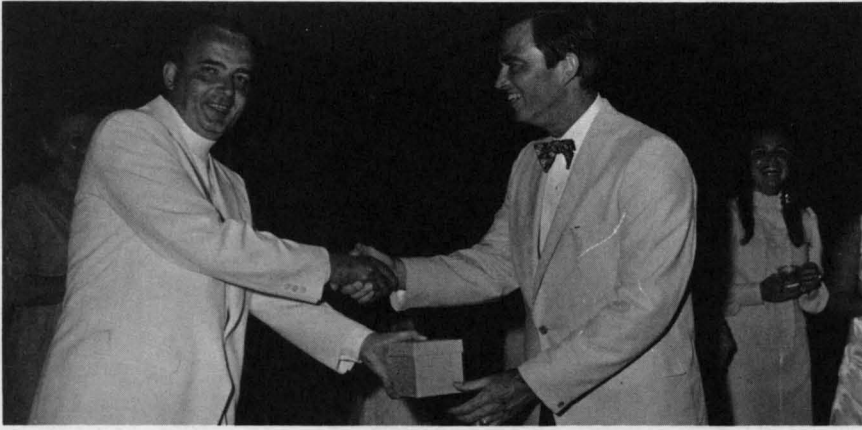
Before seat belts had been fastened, prayers completed, or the simple little diagram of how to get

out the emergency door under water could be solved, the plane was circling the famous emerald green waters surrounding Bermuda. This was indeed an astounding accomplishment since both pilots were in Philadelphia. Within minutes, the Group (no relation to Mary McCarthy) was on the doorsteps of the famous Castle Harbour Hotel, Golf and Beach Club. Following an afternoon of leisure Pat and Mimi Frank stood beneath the royal palm trees by the pool signaling it was time for the crowd to gather. Men appeared with ice and glasses and the welcoming cocktail party was on . . . a great success. Dinner and dancing followed. At 9 a.m. on Friday many intellectual faces appeared at the Blue Dolphin Room to begin the first of the academic seminars. The reunion guest of honor, Dr. John Y. Templeton III, The Samuel D. Gross Professor of Surgery and Head of the Department, reviewed recent advances in

cardio-vascular surgery.

At 10:01 a.m. the Group headed for the tennis courts (John Templeton was the first out the door previously having dressed for the occasion with his beach-comber hat). The golfers made a near fatal mistake by taking on the famous Mid Ocean Golf Course of Bermuda. The first obstacle (the green's fees) proved to be the smallest. This course, which was designed for mountain goats and long distance swimmers, does indeed live up to its reputation. Unfortunately, only three of the original starters (two of them women) ever reached the 18th hole. A few did reach the 19th hole, however, a matter of life and death, after having maneuvered a boat across the 12th fairway. One classmate never was found until two hours before departure.

Friday evening marked the celebration of Jim Kessel's birthday in true West Virginia style with ice



An honorary '48 classmate, Dr. John Y. Templeton (right) is congratulated by Dr. Quinn.

Dr. Kessel, winner of golf prize.



Dr. and Mrs. Quinn are rewarded by the class.

The chicken award—Isn't that Dr. John B. Atkinson?



cream and cake and suitable diversified beverages. On Saturday morning the Class was the guest of Dr. John Stubbs, Chief of Surgery of the King Edward VII Memorial Hospital of Bermuda. In the new lecture hall John Templeton literally cleared the air with his comprehensive discussion of carcinoma of the lung. Mr. Phillip J. Challinor, Hospital Administrator, accompanied us on a tour of the hospital's modern and most impressive facilities. The intensive care unit is in constant use thanks to motor bikes, left sided driving and tourists. Having left their sun glasses behind, Drs. John Kohl, Rudy DePersia and Jim Loftus, the more intellectual appearing members of the Class, were taken by complete surprise when the Bermuda Press and T.V. filmed our entire visit.

Leaving our motor bikes, cigars, and cigarettes at the hospital, the Group returned to Castle Harbour

to begin the annual Class of 1948 Golf Tournament. Last year's winners, Al Fingo and Bill Peterson, were not present to defend the gold cups so many happy faces rushed to the first tee. Helen Schoen and Betty Mae Kessel were eliminated at the onset having the unfair advantage of being the best players. In fact the tournament committee plans to request McGettigan's Travel Agency of Philadelphia to ask Helen not to be so good next year. Arnold P. Birrel and Jack N. Boyle had their fans gathered at the first tee. Dr. Birrel, a former cup winner, was a crowd favorite with his long drives between the royal poinsettias. By evening it was time for the annual awards! With considerable cheers, jeers, and two formal protests, James Kessel and Edward Lancaster were named the new champions. Dr. Howard and Elizabeth Shaffer received awards as best T. V. performers and beachcomber John Templeton joined

Dr. Hobart Reimann as an official honorary member of the Class of 1948. With much good fellowship we went to dinner.

Sunday was a day of rest by both choice and necessity. While the Thomases, Kohls, Lancasters, Boyles and other salts cruised the Island, John Atkinson spent the afternoon skin diving to collect golf balls from the ocean bottom. Eve missed her golden opportunity as she sat in the boat with his oxygen line in her hand. Cathy Quinn had a similar opportunity while sailing with Norm as the boom switched to starboard. Sunday evening semitail hour was enjoyed by all (seminar and cocktails). Monday saw the packing of bags and gifts and happy people onto the plane which returned us to Philadelphia. Friendship, fellowship and loyalty to Jefferson never has been greater than during these five days for the Class of 1948.



The big 25th! The class of 1943 went suburban for the silver anniversary party given at the Marriott Motor Hotel. Dr. Gerald Callery, seated 1st right, takes credit for the planning of the dinner and dance Wednesday evening.



The fabulous class of '53! It was the 15th reunion and classmates came from across the country to attend the dinner dance at the Marriott Motor Hotel. Honors for the success go to a Women's Committee headed by Mrs. Joseph Armao, and class agents Dr. Armao, 5th from left, first row, and Dr. Robert Poole, seated 2nd from right, second row. Class ranked first in number of gifts and percentage in annual giving.



Dr. Joseph Prorok, 4th from right, served as reunion chairman for the class of 1963. His plans included a dinner and dance at the Bellevue Stratford Hotel.

thursday, memorial day jefferson hall tours, art exhibit

The Faculty Wives Club has been a part of reunion week for the past several years now, sponsoring a dinner in conjunction with the Alumni Banquet. With a dash of imagination and a wealth of flair, this year they came up with an art exhibit as well. A success? Undoubtedly. Original artwork was solicited from all Jeffersonians. The response brought in two hundred entries which were displayed on the mezzanine of Jefferson Hall. Alumni had a chance to view the exhibit during their first visit to the newly completed structure. The show opened the preceding Sunday (with a festive champagne reception) and ran until Saturday. Some detail on the history and design of Jefferson's most modern building was provided by Franklin C. Dalla, Director of Auxiliary Services, Dr. Andrew J. Ramsay, Professor of Anatomy and Head of the Department, and Dr. Gonzalo E. Aponte, Professor of Pathology and Head of the Department. There was more talk about it later that evening too—perhaps over a cocktail at the Alumni Banquet?



Mrs. Sherman A. Eger, chairman and originator of Faculty Wives Club Art Show, works with displays on mezzanine of Jefferson Hall. Hundreds of viewers attended the week long exhibit planned in conjunction with reunion activities.



thursday evening, alumni banquet

A week of thinking back was capped by an evening of looking forward. The date was May 30 and the occasion, the annual Alumni Banquet, in a lively swing seeming to match the pace which Jefferson is keeping. "On the move," was how the evening's speaker, President Peter A. Herbut, described the Jefferson scene. Those attending the Banquet could feel it in the mood of the occasion and know of it from any of the speakers. They heard it first from Dr. Elmer H. Funk, Alumni President, whose comments noted the newness of Jefferson, the generation of physicians it is producing, and the strength it gains from its past graduates and their successes.

It was a party of 400 on a Memorial Day. The traditional backyard barbecue gave way to cocktails and dinner at the Benjamin Franklin Ballroom. Full force of the class of 1968 was there and full energy of the classes even preceding the fifty year mark. The fiftieth reunion group headed the evening's program when the Dean, Dr. William F. Kellow, presented them with certificates and lapel pins on the anniversary of a half century in medicine. President Herbut took his lead from the presentations. "Those of you who graduated more than just a few years ago cannot help but feel that great changes—unbelievably great changes—have taken place in our Hospital and in our Medical School as the decades have ticked off."

Some of the changes are visible with a look around the campus, which now occupies three times its original space, and is dotted with twice as many buildings, Dr. Herbut said. Expansion to two or three times this size is contemplated. Beyond buildings, he explained, "from a program standpoint, there is as little comparison between yesterday and today as there will be between today and tomorrow." What is new is not only emphasis on research but also exploration of new and extended areas of concern in the planning of a Thomas Jefferson University. What has already been done in this direction is the development of a graduate school, conferring M. S. and Ph. D. degrees. "This school is now being reorganized as a separate entity with a separate Dean, a separate budget, a Graduate School faculty, and a broad, University base." Also underway is the School of Allied Health Sciences. "We will develop a unified, core curriculum which, with proper embellishments, will lead to the granting of Associate Science and Bachelor of Science Degrees . . . Tomorrow, when all of the above will have been accomplished, we will be a University—a Medical University . . . It will not be accomplished in either your lifetime or mine . . . What we intend to do in our generation is merely to forge a beginning . . ." In the process Jefferson recently has affiliated with The Franklin Institute and The Phil-





From left, Dr. Russell W. Schaedler '53, Dr. Robert I. Wise and President Elmer H. Funk '47, discuss Jefferson progress.



Dr. Henry L. Bockus '17, retiring Alumni Trustee (left), Dr. Isadore Smigelsky '17, (center) and Dr. Peter B. Mulligan '16, enjoy cocktail hour.



*Larry Hofmann,
class agent for '68*



*James Meadowcroft,
senior class President*



Marcia Fitzpatrick, Jacquelyn Wilson, Virginia Campbell (left to right).



*Nelson Sirlin with
Dr. C. Earl Albrecht '32*

adelphia College of Pharmacy and Science. Dr. Herbut announced that discussions are now underway with the University of Delaware regarding affiliation. This affiliation, "if and when it is consummated, will be primarily in support of our Medical College. It will give Jefferson full cost reimbursement for medical students enrolled at Jefferson from the State of Delaware, enable us to enlarge upon, and to further experiment with, an accelerated combined liberal arts-medical program, give Jefferson access to all of the departments at the University of Delaware, but especially Biology and Engineering, and give Jefferson a vast new source of clinical material, especially in the Wilmington area." The plans are still plans, Dr. Herbut emphasized, needing, "as never before," moral, vocal and monetary support from alumni. "Having it, we approach the future with complete confidence."

annual giving

President Funk, on behalf of 6,821 alumni, assured Dr. Herbut of this support. The dollar evidence behind Dr. Funk's pledge came from Dr. J. Wallace Davis, Chairman, Alumni Annual Giving. The evidence totaled in at \$277,396. Annual Giving had reached this all-time high a month before the close of the drive. The trend was upward in all categories, with the exception of the number of contributions. The increase over the previous year's figures at the time of the banquet was thirty per cent, and the average gift was up to \$89. The introduction of the advancement societies gave a boost to this year's figures. The leading classes at banquet time were 1933, for total amount, and 1953 for both number of contributors and per cent of participation. Dr. Leon Prince, class agent for 1933, and Dr. Robert Poole and Dr. Joseph Armao, co-agents for 1953, were recognized for their roles with plaques presented by Dr. Davis.

June 31, 1968

\$292,617	final figure, 20th drive
97,073	increase
33%	increase

Reason for Success: Advancement Societies

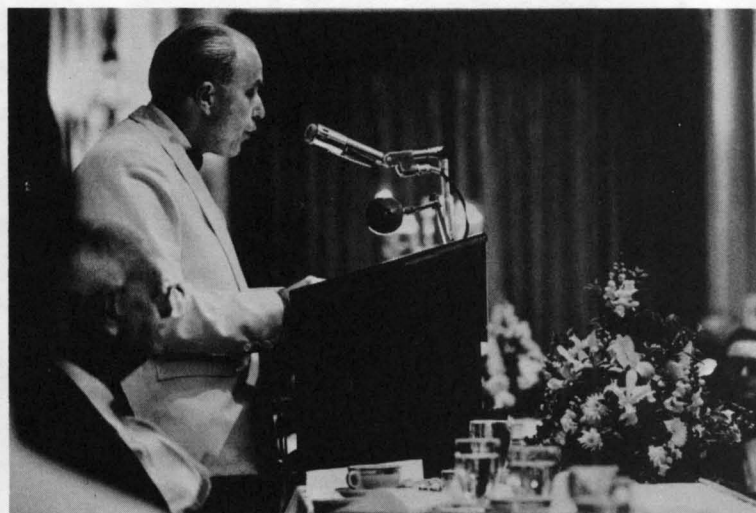
Thomas Jefferson University Associates
5 Life Membership (Alumni)
35 Annual Membership (Alumni)

The Samuel D. Gross Associates
37 Members

The McClellan Merit Society
202 Members

Century Club
831 Members

Complete list will be published in Annual Report



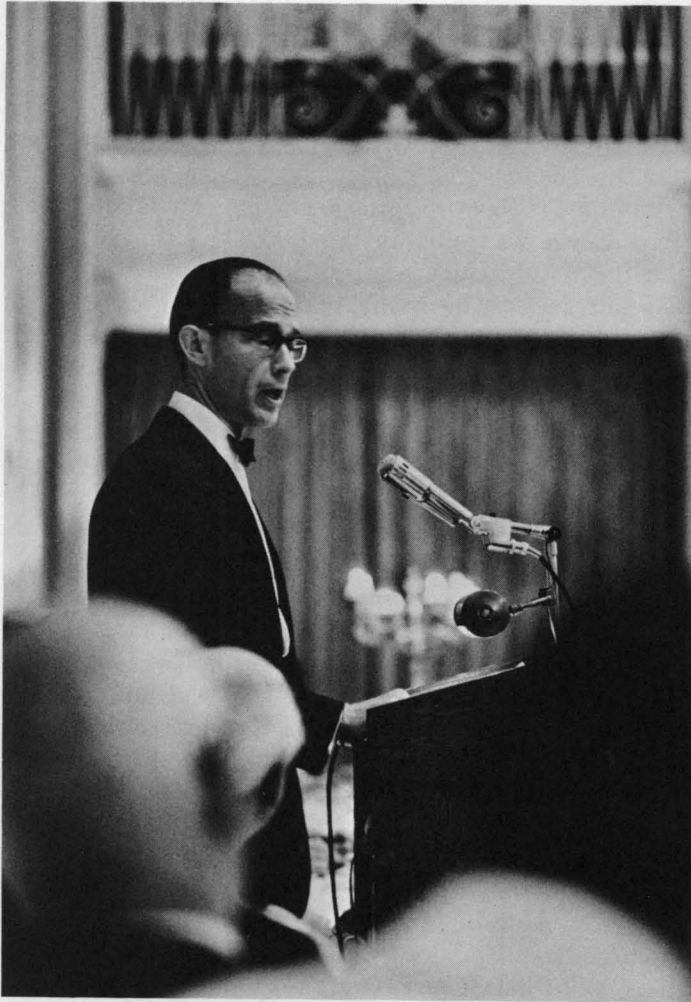
President Peter A. Herbut



New Alumni Trustee, Dr. George J. Willauer



Dr. J. Wallace Davis, Chairman, Annual Giving, awards first place plaque to Dr. Leon N. Prince '33.



President Elmer H. Funk



Dr. William E. Conrady, 25th reunion speaker.



Dr. Abraham Cantarow '24 (left), accepts Alumni Achievement Award from life long friend, Dr. Benjamin Haskell.



Dr. Cantarow acknowledges honor.

achievement award

Dr. Funk's opening remarks seemed to be verified by the evening's events. One such instance was the presentation of the Alumni Achievement Award. "It is through her graduates that Jefferson exists, acts and excels," Dr. Funk had said. Salient among these graduates is Dr. Abraham Cantarow, class of 1924. In tribute to his professional and personal excellence, he was selected as recipient of the 1968 Alumni Achievement Award. Dr. Benjamin Haskell '23, presented the engraved silver tray "to a dedicated and beloved teacher, to a distinguished scientist and author, and to a very old friend." He spoke of the recipient's merits. His teaching career began during internship at Jefferson, as did his research program. The latter culminated in the publication of a monograph on "Calcium Metabolism," the first such work on this subject to appear in the literature. Dr. Cantarow took over the teaching of clinical laboratory methods at Jefferson in the following years and continued his research. In 1932 the first edition of *Clinical Biochemistry* was published; the text is now in its sixth edition and has appeared in five languages. Several Eastern universities made attractive offers to Dr. Cantarow at the time, "but none could lure him from Jefferson," Dr. Haskell remarked. In 1945 he was appointed Professor of Biochemistry. The esteem in which he is held by his students is reflected in their dedication of the senior class book to him on two different occasions, a singular honor. Dr. Haskell quoted Ralph Waldo Emerson for a description of Dr. Cantarow's pedagogical abilities. "The man who can make hard things easy is an educator." *Biochemistry* might be called a sample of this. The first edition appeared in 1954 and it is now being translated into foreign languages. Two years ago Dr. Cantarow reached Emeritus status in his capacity as Professor of Biochemistry and Head of the Department. Of the many invitations he received at that time Dr. Cantarow decided on the National Cancer Institute's offer; several governmental regulations were waived to secure his services. He is with the Research Planning Offices in the office of the Director of the National Cancer Institute, National Institutes of Health. He is now also President-elect of the American Association for Cancer Research. An obviously moved Dr. Cantarow accepted the award.

Another noted Jeffersonian was in the news that night: Dr. George J. Willauer '23, Dr. Funk announced, was likely to be the next alumni trustee, according to then-incomplete balloting. (Dr. Willauer's election was later confirmed.) The announcement was greeted with a standing ovation by his classmates, with whom Dr. Willauer was seated at a nearby table. Dr. Willauer replaces Dr. Henry L. Bockus, who completes a three year term.

The twenty-fifth reunion speaker, rather than reminiscing, took a visionary approach. Dr. William E. Conrady of Beaver Falls, Pennsylvania, took a look to an imagined world where "by presidential and congressional decree, the population was eternally healthy because the government had abolished those human bugaboos of ignorance, poverty and disease. This decree was substantiated by a five to four vote of the Supreme Court when the AMA brought a contending suit." The touch was light, the effect, most entertaining. The content absurd? The only answer is a question mark, as Dr. Conrady had given the same speech twenty-five years ago and now found it necessary to alter some of the "absurdities" because they were no longer that for tonight's audience. "You the class of 1968, when you are here twenty-five years from tonight, will have a much different and more interesting story to tell than the one I have related."

But the 1968 graduates had something to say that night, too. Class President Dr. James Meadowcroft said it for them, and said it with notable pride when he related his first encounter with the Alumni Association. The scene was Nassau, where he and a classmate had retreated for a short holiday. The slim-budgeted students crossed the waters to Paradise Island (on a night when the two dollar bridge fare could be managed). With a chance stop into a large hotel there, they noticed a sign which read, "Welcome Jefferson Alumni." "We couldn't believe it." It was not quite so mysterious as it seemed, however, because there were many more Jefferson alumni there at the time—on this year's Continuing Education tour. "This goes to prove," Dr. Meadowcroft concluded "that the Jefferson Alumni Ass'n. is pretty big. I hope we can become what you are tonight—good Jeffersonians."

What more appropriate close than this from the newest of alumni?

faculty wives club

The Garden Terrace of the Benjamin Franklin Hotel was also a Jefferson scene on the evening of May 30. The Faculty Wives Club made this the spot for their annual dinner, held in conjunction with the Alumni Banquet. Mrs. John J. Dowling, President, was hostess for the event, with Mrs. Philip Gordy serving as Chairman. Honored specially on the occasion were the wives of the fifty year reunion class. The dinner was only part of the Faculty Wives participation in reunion week this year. Handling the Art Show which the group also sponsored was Mrs. Sherman Eger. Among the committee members who put in hours of energy were Mrs. Benjamin Haskell, Mrs. John H. Hodges, Mrs. Peter A. Herbut, Mrs. Robert B. Nye, Mrs. Roy G. Holly, Mrs. Robert I. Wise, Mrs. Horace Williams and Mrs. Thomas Liveridge. Popularity of exhibit rewarded their efforts.

1918

1968

the dean presents . . . honors for fifty years in medicine



*Reynold S. Griffith,
Philadelphia*



*William T. Leach,
Shenandoah, Pa.*



*David R. Brewer,
Clear Springs, Md.*



*James H. Mason,
Absecon, N.J.*



*Henry H. Perlman,
Philadelphia*



*Harold C. Kelley,
South Salem, N.Y.*



*William B. Fort,
Pompano Beach, Fla.*



*Sidney Rosenblatt,
Atlantic City, N.J.*



*James L. Fisher,
Youngstown, Ohio*



*Jerry M. James,
Hooversville, Pa.*



*Asa L. Myers,
Waukegan, Ill.*



*Jenaro Barreras,
Caguas, P.R.*

Remembrance of Things Past

by Neal R. Moore, M.D. '26

Dr. Moore flew to Philadelphia from his native Bay City, Michigan, to support 1926 classmate Dr. Vincent T. McDermott, who presided at the midwinter dinner as Alumni Association President. This letter followed his visit.

Vincent T. McDermott, M.D.
The Alumni Association
Jefferson Medical College
Philadelphia, Pennsylvania

Dear Vince:

I visited the College the morning after the midwinter Alumni Association dinner. Ye Gods! What happened? What have they done? What's become of all the familiar landmarks? Where am I? Lost!

Gone were the hovels, the "flea bags," the "hole in the wall joints" of yore. And, in their places stood three as yet unfinished high rise buildings, majestic in appearance. These were in the approximate center of an area of what might be best described as one of total desolation.

When the initial shock had subsided I tried to organize my thinking; to evaluate the pluses and minuses; to weigh the import of the presence of the new buildings against the disappearance of the old spots that had formed such an integral part of the "scene" when we were at Jeff and, hence, were so dear to memory.

Gradually, and with increasing force, arose the conviction that the visible changes in the landscape were for the best and that retention of memorabilia was of no real moment. The words, "The old order changeth, ever giving rise to the new," seemed fitting.

Then came the feeling that the new complex comprises an eloquent tribute to the foresight of Jefferson's governing body, to that body's determination to "get on with the job" of fulfilling a pledge to us graduates and to the world to maintain the school on a high level of service, to keep it in tune with modern times, to keep it on a par with sister institutions by expanding facilities for the teaching of not only medical students but also personnel of ancillary medical services as well. There followed, quite naturally, the question whether I, as an individual, should concern myself with this program of expansion — should take part in it. It took but a short time to decide in the affirmative. I felt that in this manner I could show the appreciation I feel for the education given me by Jefferson. I am of the firm belief that Jefferson is not nearly so beholden to us as we are to it, that we have no right to assume that on payment of fees for a medical education we have balanced the scales and have no moral obligation to continue to support the school. It is well to remember that the money spent in fees and tuition did not nearly pay for the education we received. We were taken in as freshmen, green as grass, and as poor prospects as one might find. In the ensuing four years we were worked over — kneaded, moulded, annealed — by a stern yet understanding faculty until we emerged, finished, or, in the reasonable likeness of doctors of medicine. I don't doubt that we, or, at least some of us, were prayed over. Beyond their lectures and demonstrations, we were given a noble heritage by our instructors. They projected themselves as examples of conduct worthy of our emulation. It was their hope that we might eventually be a little better than they felt they were. This credo was stated nicely by Dr. J. Chalmers DaCosta, in his remarks at the dinner celebrating the 75th anniversary of the founding of the Philadelphia Medical Society. I quote — "Men come and men go, but science lives and advances. Our fathers

did wonders with the resources they could command. The lesson of their lives is largely one of dignity, self-sacrifice, devotion to practice and to science and regard for the bonds of professional conduct and duty, and carelessness as to wealth or fame. This is our heritage. Let us prize it justly." Truly, we owe much more for that heritage than we can pay but let us at least seize on the present opportunity to make one payment on our debt.

Vince, the above sentiments, wholly sincere and stated in all seriousness, do not constitute the true reason for haranguing you. I have dealt with one of my reactions on noting the marked physical changes, that of noble inspiration and resolve to aid the forward move our beloved college is making. And, now, in response to the second reaction to that sight, the feeling of infinite sadness that those places and objects that gave identification to incidents of our past at Jeff have been erased, I feel constrained to recount some of the more memorable of them lest they be lost in limbo. As you may suspect, I am a direct descendant of the ancient mariner and you must play the part of that unfortunate who is forced to listen. Are you ready?

First, I noted the absence of the Western Saving Fund building, then located at the southwest corner of Tenth and Walnut streets. To us, this structure seemed as timeless as the pyramids. It was notable for, among other things, a stone ledge at the base of the enclosing fence. It was here a blowsy old female sat, moving only to stay in the shade -- a sort of inaccurate sun dial. She was always dressed in black and wore a patch over one eye. She begged alms in a piteous voice, high-pitched and whining. A true object of charity. She ambulated during the day only with the aid of a cane. Our interest in her lay in the fact that, late every afternoon about the hour classes ended and we headed back to our respective hovels for the evening meal and a session with the books, a chauffeur-driven limousine drew up to the curb. On spying it, she arose quickly, hung the cane over a forearm, dog-trotted over to the car, removing the eye patch en route, leaped in and was whisked away. The order of procedure was reversed, faithfully, each morning, about eight. Occasionally, Bill White, Bob Grone, Bill Schultz, or another of the observant watchers needled her, ever so gently, about her spurious infirmity. The answer was unvarying and was rendered promptly and incisively. It consisted of a lurid thumbnail sketch of the baiter's ancestry and a positive statement of her belief in his lack of hope of posterity. Everyone cheered her at these moments. I think she enjoyed the banter. We were fond of her.

Comes to mind next, the case of the pitiable blind cripple. A comparatively young man, he "took up residence" on the sidewalk just north of Walnut, on the east side of the "old" College building. He sat, hat in hand, braced against the wall. He was evidently a man of high ethical standards in that he scrupulously avoided the "roost" preempted by the aforementioned hag -- sort of honoring territorial rights, I guess. Dark glasses and a perpetual risus sardonicus enhanced the "take." He was secure in his spot until one day, while putting on a masterful show for the passersby, he experienced a confrontation -- both literally and physically. The moment of truth had arrived. As he sat, squatted on his pad, an errant car leaped the curb and came to a screeching halt with its radiator but six inches from his face. Miracle dictu! What a transformation! A miraculous cure! The opening of Lazarus' tomb was as nothing! The cave of Lourdes was strictly de minimus! The expression on that charlatan's face changed in a flash -- from that of piteous supplication to that of terrified rage. He sprang to his feet, tore off the dark glasses, ignored the crutches and, to the accompaniment of sulphureous language, departed the scene at Olympic record speed. We cheered him on his way. He did not return. It is of such stuff that beautiful memories are made.

Then there was the incident of the "femme fatale," one of those lovely experiences that come to a man only rarely and, then, only to him whom fate has placed on the scene at the fateful moment -- a purely once in a lifetime affair. The scene was the sidewalk in front of, again, the "old" building, at 1025. Here a bit of background is in order. A certain adult white female, of

roughly menopausal age, was wont to walk west on Walnut street each afternoon at about four, passing the entrance at the approximate time classes changed. These promenades were duly noted by the brethren. There was much speculation as to the whence, whither, and purpose. We were convinced (with Fielding) that "she was no better than she should be" and indulged in evil conjecture. We called these daily saunterings the "transit of Venus." Now the stage is set, the play about to begin. The curtain rises. Enter madam, gaily bedight as was Mrs. Astor's plush horse -- with mincing steps and an occasional furtive sidewise glance at us seniors, lolling on the sidewalk. Everyone is relaxed for this scene which has been repeated on numerous occasions without incident. But, ah, today, there is a difference, something new is about to be added. As madam reaches the precise front of the entrance that advocate of "joie de vivre," Bill White, casually tosses a penny on the sidewalk, at her feet. What ensues? Vince, my boy, if you had never seen an enraged black bear explode out of a log trap you would have viewed a reasonable facsimile thereof, then and there. That floozy gave forth with a torrent of blasphemy that would have torn barnacles off a ship's hull. Even a veteran on-the-scene reporter would have been lost for words. Bill White, who was usually able to fade into the crowd at such times, was spotted and told things I'm sure he never knew or suspected. He actually paled before her onslaught. But, it was beautiful for, again, it is a happening of such nature and quality that furnishes the substance for lovely recollections in the long years ahead.

Only two more tales of the Tenth and Walnut locale and I'll move on. The Horn and Hardart bakery, then located on Tenth Street, a bit south of Walnut, has fallen to the wrecker's hammer. Its passing is noted because of the fact that, in our senior year, Ted Fetter had to do with securing advertising for the Clinic. Now, "H & H" had never taken space but, nothing daunted, Ted decided to have a go at it. The results were most horrid. The manager of that bakery must have had a positive personality. Ted contained himself until he had returned to the house then gave forth with a blast in Platpdeutsch or Bayerisch, or whatever tongue it is the Pennsylvania Dutch employ to express their deepest emotions. Certainly, it was no sermon on the mount -- I could tell by the facial expression, one of pure agony. Trexler and Kline felt his diction was excellent.

The second tale is one of woe and deals with the little pool room on the east side of Tenth, opposite the H & H bakery. Apparently, the pool tables were but a front for the game of galloping dominoes that ran in the back room. I came to wonder why three of our classmates repeatedly asked for notes on the early afternoon lectures -- that is, I wondered until one afternoon, on returning to class, I noted them, together with some upper classmen, make a sudden furtive run from the front door to the paddy wagon waiting at the curb. When this experience had been repeated for the third time I started to take notes with multiple carbon copies. Wonder what the stakes were?

Now to go on, as promised -- to write of places and of scenes and of my reaction to the many changes made in these forty and more years. Primarily, the general scene in Philadelphia is vastly improved. Gone is the "Chinese wall" that was the Penn station and the ugly railroad yards that extended from Broad Street to the river. Gone, too, are the riverside areas of urban decay and, from the "old" part of the city, whole blocks of those atrocious brownstone "dry goods box" houses. In their place are new, glistening office buildings and hotels that give a refreshing look to the downtown region. There are now wide boulevards and expressways running through the city. And, at least, a partial restoration of the colonial atmosphere. What a happy contrast to the dingy, miasmal environment in which we lived and studied those many years ago.

Departed are the ash heaps of South Philadelphia, the haunt of the Vare "machine," that strangler of the city's political life. Now, of course, an equally infamous pirate crew legislates and holds sway -- but under a different political banner. No doubt about it, a skunk cabbage by any other name would be as malodorous. I noted an explosion in building in many fields of endeavor -- institutions of higher learning, residences, hospitals. In the main, this appeared highly desirable, even mandatory. The precept of

"expand or die" was never more clearly manifest. Thank God for vision and for the courage to act. I must, however, voice an objection in one instance. I look with jaundiced eye on the structural changes being made in the Pennsylvania Hospital, at 8th and Spruce Streets; at the rape of what was then the architectural beauty of the institution of mercy. Again, I bow to the principle of stark necessity to expand -- to build, to alter, to consolidate. I understand and agree in substance, but why the violation of the north facade of that noble old pile? There was something poetic in its symmetry, something majestic in its appearance prior to erection of the outpatient building.

The crowning blow was the recent demolition of the building that housed the surgery, the recovery ward and the emergency area -- demolition to make way for a new, enlarged, more efficient structure. I shed a bitter tear when I gazed on the excavation where it once stood. For it was here that the most meaningful, the most intensely lived era of my life was spent. To the emergency room came the thousands of unfortunates living in the area -- the ill, the injured, the sick at heart, the emotionally disturbed, the drunkards. It was in this part of the hospital that we served, saw the woes, the anguish, the soul torture, and the mad passion of those who crossed the threshold. Here it was that gratitude mingled with meanness of soul, humility with hauteur, hope with despair, mirth with tragedy, and, at times the ridiculous with the sublime. To this place came men of medicine to minister to the ill and the infirm, thoughtless of recompense other than realization of a good deed done, of relief afforded an unfortunate fellow being. Here it was that Henry Brown gave most of himself. This man of God, while not a chief of surgery, was most able. Here he placed himself on call, unreservedly. He charged no fee for service rendered any patient, yet had a "downtown" office and enjoyed an enormous practice among the poor of South Philadelphia. He was beloved by all and enjoyed the total confidence of those with whom he came in contact. He learned to speak Italian that he might be better understood by his patients -- and he spoke the language like a native. He was tireless in doing good -- a true chevalier, "sans peur et sans reproche." He is sorely missed. In that hospital there was inspiration, the inspiration to serve -- inspiration engendered by realization of support given to every effort, by visible evidence of a noble past, and by viewing, in the lobby, Benjamin West's oil painting, Christ healing the sick in the temple, with the inspiration here being enhanced when the work was illuminated by the slanting rays of the early morning sun. (Purely as an aside, may I make a small wager with you -- say a planked lake trout against a plate of scrapple -- that the proverbial 99 and 44/100 per cent of native Philadelphians have never enjoyed the thrill of viewing the glass mosaic, by Tiffany, of Maxfield Parrish's painting, Dream Garden, in the lobby of the Curtis Building, as it glows in the light of the morning sun shining through the trees in Washington Square). Also, it was in that recently demolished emergency room that, on a sultry Sunday afternoon, I hid under a bed while the male members of two feuding Italian families from Bainbridge, or, perhaps, Carpenter Street, who had been engaged in a neighborhood shooting match and who had raced there, each group bearing a mortally wounded relative draped over a window shutter, arrived simultaneously and took up where they had left off in the street. Only in this sanctuary weapons consisted of bed pans, urinals, and other medical bric-a-brac, the hand guns having been left at the scene of battle. But this fact I did not know. My sole thought at the moment was to do something, just anything, to preserve the integrity of my hide. I dashed around a corner to put a brick wall between me and the combatants and made a long dive, landing prone beneath a bed, wholly aphonic and quivering like the well known little dog passing peach stones. The timely arrival of the district paddy wagon with its usual load of drunks restored order. What an experience!

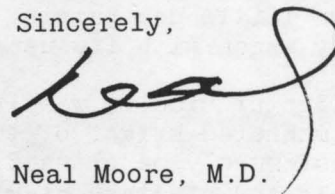
On the lighter side it was in Pennsylvania Hospital that that immaculately mannered knight of the Kansas plains, Howard Snyder, gave a reply that must surely be classed as the ne plus ultra of diplomacy. It seems that, on a cold and blustery night and well after curfew, Howard was called

to make an ambulance run. He bundled up and headed for the emergency room by way of a ground floor passage that linked several buildings. And, as he rounded a corner, he came face to face with four student nurses who had surreptitiously removed a loose paling from the iron fence outside and were easing themselves into the corridor through an opened window. When they had recovered from the initial shock, one of them begged him not to tell Miss -----, "That we were out after hours." "Never fear girls, I won't say a word. In fact, I'm going out after mine, right now." A gentleman of the old school.

Further, and in the same vein, it was on one of the wards, late at night, that Jack Gibbon and I flipped a coin to decide which would lead a somewhat deviate orderly to the laboratory and there point out to him the error of his ways and extract a promise that henceforth, he would treat the night nurses with greater respect. I lost the toss. Possibly it was better thus, for I might have embarked on an unscheduled vacation the next morning, as did Jack -- but probably one of much longer duration. Incidentally, I think Jack got his point across -- the orderly did not return. Come to think of it, I should have been directed to embark on a similar vacation during my internship -- at least once. The name of Duane had something to do with averting disaster that time. The slight irregularity consisted of stuffing a student nurse in a wheeled hamper, with Bill D's aid, and sending it with its very vocal load careening down an inclined corridor. What a wholesome outlook on life!

Now, Vince, I have done -- except to relate one more incident, one depressing and tinged with sorrow. On the morning I returned to Michigan there were a few free hours before takeoff and, being quartered at the Barclay and within easy walking distance, I decided to go over a route I had traveled many times while a medical student; to stroll west on Walnut, from Rittenhouse Square to the river. It was in the 2000 block, 2045 I believe, that Jack DaCosta had his home-office and, in those days, in response to my hero worship instinct I frequently walked past (as I did with others of our faculty), wondering what the great man might be doing at the moment. The brass knob and the nameplate were always polished, as I recall. But, on this recent day, all had changed, not only at that address but throughout the block. The fronts were universally unclean, the knobs and nameplates dull, or even covered with green scum. Signs were in many windows proclaiming either the high value of goods or the virtue of services to be had within and, at one residence, the soul ecstasy that would be enjoyed by those who would but embrace the tenets of the faker whose lair was stated to occupy "the entire second floor." How tragic! Gone were all elements of that earlier majesty of the neighborhood, gone was the last vestige of dignity of the area. What had been a rue d'elegance was now a via dolorosa! "Sic transit gloria mundi," in truth. The home of Betsy Ross is kept up in lovely fashion. Why can't the residence of a departed master of medicine be cared for in a similar manner? I suppose the whole sad scene may be best epitomized by the sight on the top step at 2006, in the front window of which was posted a sign proclaiming the residence to be the headquarters of a planned parenthood society, of a tall, statuesque female Nubian, violently pregnant, truly bulgy -- smoking a cigarette and chatting with a fellow wench. A travesty on elegance, even decency. What a blow to old, fond memories. An idol shattered! As a character in one of Axel Munthe's novels said, "Abasso." (Try that one on Pat Lucchesi.) A pfau, a fig, a fetid belch to those despoilers of the beloved old scene, whoever they may be! What the future holds for that and for similarly afflicted areas, only time will tell. Let us hope for the best.

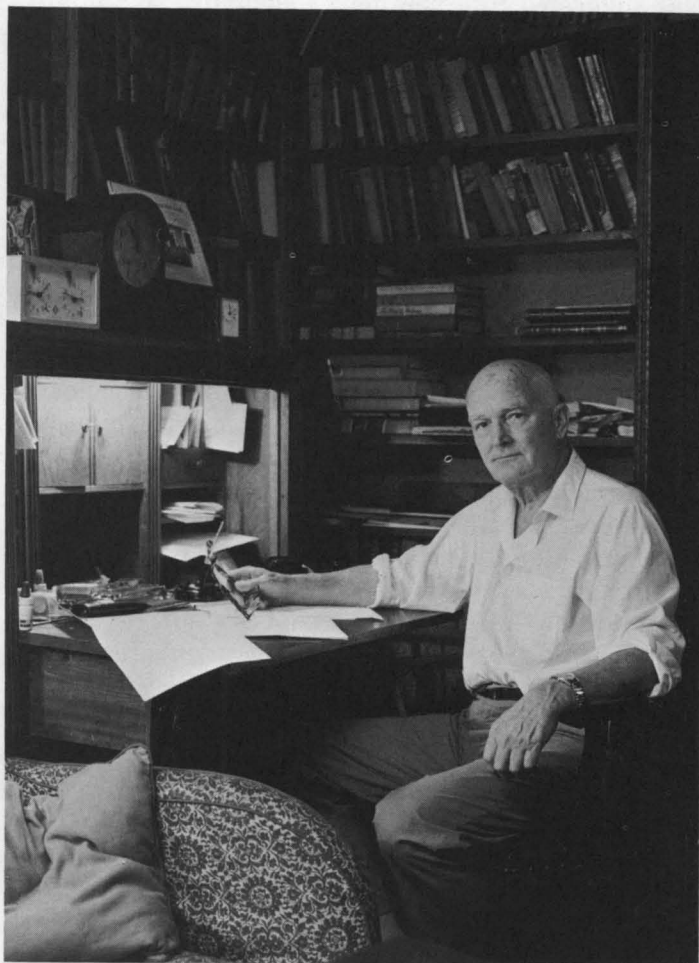
Sincerely,



Neal Moore, M.D.

Human Heart Transplantation

by John H. Gibbon, Jr., M.D., '27



Dr. John H. Gibbon, Jr., The Samuel D. Gross Professor of Surgery, Emeritus, attained world recognition in 1953 with the first successful heart operation employing the heart lung machine which he invented. Presently he is completing work on the second edition of "Surgery of the Chest."

On December 3, 1967, the heart of one human being was transplanted into another for the first time. The recipient of the transplanted heart died of extensive bilateral pneumonia eighteen days later. Twenty additional transplantations of human hearts have taken place in countries around the world in the six and one half months since then. Eleven of the twenty-one operations were performed in the United States. Three were done in France, two in South Africa and one each in India, England, Canada, Brazil and Argentina. Only four of the twenty-one recipients of these human heart transplants are now alive (24 June, 1968). Philip Blaiberg, who received a transplanted heart on January 2, 1968, in Capetown, South Africa, has survived for the longest period, almost six months. He has recently been hospitalized with a rather serious case of hepatitis. Of the other three surviving patients, two are in Houston, Texas, one is in France. The morbidity and mortality of the procedure are thus frighteningly high.

Has technique outrun knowledge? The technique of homografting hearts in dogs was worked out six or eight years ago. Despite this admirable technique, which has proved successful in autografts in canine hearts, no homograft of a canine heart has continued to function more than fifteen months.

With the exception of transplantation of tissues from one identical twin to the other, and with the exception of the avascular cornea, all tissue transplanted from one member of a species to another dies unless immuno-suppressive drugs are administered. Of the thousands of homografted kidneys, less than one half dozen have continued to function as long as four years. One of the esteemed members of our Jefferson faculty, being well aware of this fact, has refused to accept a kidney homograft and for the past four years has maintained life without renal function by dialysis with an artificial kidney.

With these known facts are we justified in the transplantation of a heart from one person to another? Before discussing the difficulties of the selection of the donor and the recipient it is only fair to say that the heart is a far simpler organ than the kidney or liver. Hence the uninformed might tend to think that the chances of success of such a transplant would be greater in the simpler organ than in the more complex. However, skin is of course far simpler than the heart in its structure and function and yet homografts of skin are just as regularly rejected as the more complex organs are.

Despite accumulating knowledge concerning immuno-suppressive drugs and the development of methods of testing tissue compatibility, no agent has yet

been discovered which can suppress the immune reaction without at the same time destroying the individual's ability to combat infections of all types. Until such an agent has been developed or discovered the recipient of homografted organs cannot look forward to the prolonged survival of the transplanted organ without running the risk of a fatal infection.

I think it is quite safe to say that none of the seventeen patients who died, died because their bodies rejected the transplanted heart (with the possible exception of the patient in Brazil). Some of the causes of death were technical such as: lack of correlation between the size of the heart and size of body, imprecise timing of the various steps in a novel operative procedure, failure to initiate adequate contractions in the transplanted heart and too lengthy an operation on the heart-lung machine. The greatest danger, however, is the hazard of infection and the majority of the deaths have been due to this cause.

What are the indications for human heart transplantations? First let us consider the selection of a recipient. The only indication can be intractable cardiac failure because of extensive myocardial fibrosis or scarring. Valvular disease in itself cannot be regarded as an indication as diseased valves can be replaced with prosthetic valves. Localized scarring productive of aneurysmal dilatation of a ventricular wall can be successfully treated by surgical excision of the aneurysm and suture of the myocardium. Extensive disease of the coronary arteries characterized by severe angina with slight exertion merits a revascularization procedure to increase the supply of oxygenated blood to the myocardium. Extensive myocardial fibrosis or extensive scarring from cardiac infarcts, associated with intractable cardiac failure, therefore constitute at this time the *only* two indications for a cardiac homograft.

The prospective recipient must now be informed of all the hazards of the operation and the postoperative course. He should be informed that to date no dog with a transplanted heart has lived more than fifteen months. Only after he has given his "informed consent" can he be considered as a suitable recipient.

Selection of the donor of a heart may prove quite difficult except in special cases. For example, people dying from malignant disease of the brain often have undiseased kidneys or hearts suitable for grafting. If a definitive diagnosis of a malignant intracranial neoplasm has been made by histologic examination of the tumor, and if the patient has been operated upon and it was found impossible to excise the tumor, then if the patient is bed-ridden and unconscious, extraordinary measures need not be taken in order to prolong life. When such a patient dies, his heart would be quite suitable for transplantation.

It is quite a different matter when dealing with a

patient with multiple injuries who is also unconscious. Here the future course of the patient cannot be predicted with accuracy and certainty as in the case of a malignant brain tumor. Every effort must be made in patients with multiple injuries to restore them to health. Unconscious patients have completely recovered after being comatose for weeks.

In the absence of effective spontaneous respiration artificial ventilation through an intratracheal tube, preferably through a tracheostomy, should be instituted promptly in the injured patient and maintained for weeks if necessary, until spontaneous respiration occurs or death intervenes. To predict, on the basis of inadequate knowledge, that injury to any part of the body, and particularly the brain, is such that the patient will inevitably die, cannot be accepted as a valid indication to cease resuscitative measures.

"Drive carefully—they are waiting for your heart" was suggested to a newspaper columnist as an effective modern traffic safety sign. The implication is, of course, that if you were injured and rendered unconscious in an automobile accident, you would be killed by having your heart removed when you might well recover with appropriate treatment. The mordant humor of the suggested traffic safety sign exists, I think, because of the possibility of truth in the implication. The surgeon who transplants the heart should never be the one who decides that an injured, unconscious patient has irreparable brain damage and hence is a suitable donor of a heart. Nor should the opinion of an impartial physician suffice. Objective evidence of death of the brain is required. Complete absence of all wave forms in the electroencephalogram for a prolonged period would certainly indicate the death of the brain and hence of the individual. It should be permissible to use such a patient's heart, even though it were still beating.

However, the best rule would be not to use the hearts of unconscious victims of accidents, unless, of course, the brain was obviously completely destroyed by a gun shot wound or an extensive crushing wound of the skull. If I were seriously injured and unconscious, I hope that I would not be taken to a hospital where a team of cardiac surgeons were eagerly looking for a donor heart to transplant into another patient. Enthusiasm can unwittingly affect judgment.

In the transplantation field in humans the race should not be to demonstrate the effectiveness of techniques perfected in animals, but first of all to develop methods of avoiding the rejection phenomenon without exposing the patient to the risk of serious infections and, secondly, to develop methods of preserving the isolated heart for prolonged periods in a healthy condition. Research to develop and perfect an artificial intracorporeal heart should be carried on simultaneously.

the jefferson scene

willauer on board

Dr. George J. Willauer has assumed the position of Alumni Trustee, the choice of alumni through balloting completed May 31. Dr. Willauer becomes a member of the Board of Trustees after a half century association with Jefferson. Graduating in 1923, he was appointed to the faculty at that time and is now Honorary Clinical Professor of Surgery. In his years here Dr. Willauer has become one of the most memorable of Jefferson personalities and enjoys a widespread renown as a thoracic surgeon. His participation in alumni activities has been extensive. Posts he has held include President (1962), Treasurer, Class Agent, Co-chairman of the Alumni Division of the Building Fund, and currently, Chairman of The Thomas Jefferson University Founders Association.

Dr. Willauer's term is three years. He serves with Dr. David B. Allman '14, who now is in the second year of this three year term. Dr. Willauer succeeds Dr. Henry L. Bockus '17.

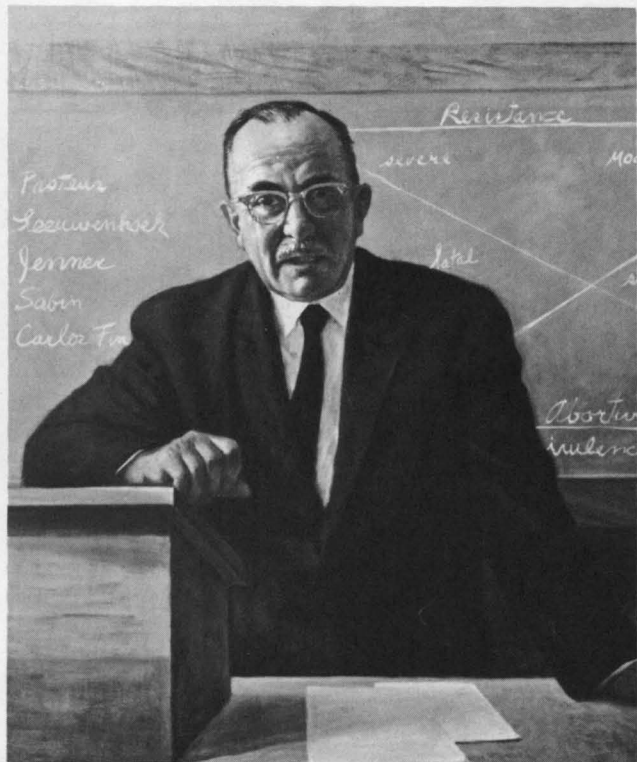
faculty favorites

Dr. Kenneth Goodner was seven times the selected subject of a senior class for its traditional portrait presentation. Only on the seventh attempt was the portrait actually commissioned, and only after Dr. Goodner's death. The protests of Dr. Goodner no longer prevailing, the class of 1968 succeeded in permanently recording Dr. Goodner's memory, "That others who follow us may also know him," in the words of Class President Dr. James A. Meadowcroft. The presentation took place on April 16 in McClellan Hall.

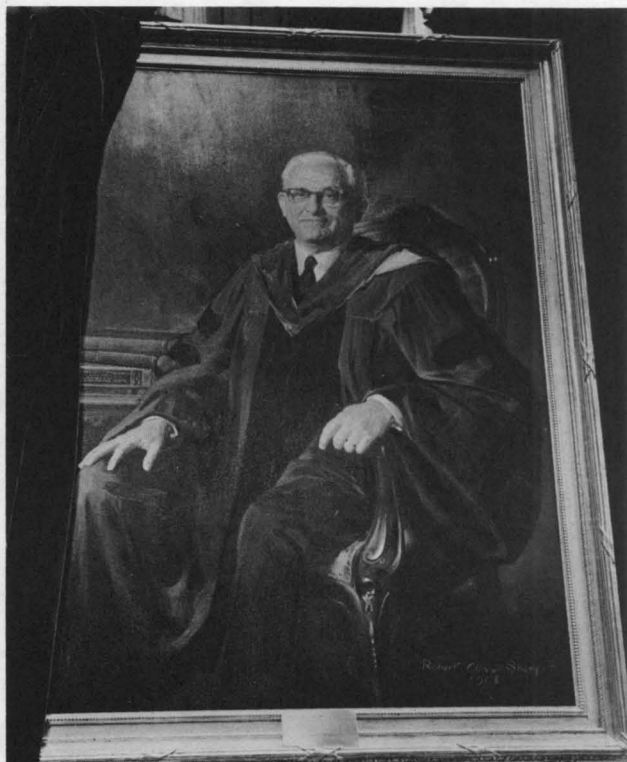
That the audience might know Dr. Goodner better, Dr. Theodore E. Woodward, Professor and Chairman of the Department of Medicine, University of Maryland School of Medicine, gave a brief

sketch of the man. "Never have I known anyone so unpredictable, so irascible, or anyone whom it it was so much an honor to call a friend," was one of Dr. Woodward's openers. It was another way of saying what had been written of Dr. Goodner at the time of his death: "KG evoked only the extremes of emotion in anyone who knew him." In his students he evoked an unqualified respect and admiration; the portrait presentation is a measurement of this esteem. "Kenneth Goodner was a schoolmaster; this was his mission at Jefferson. Students were his *raison d'être*," Dr. Woodward continued. "He had a rare ability as an inspiring teacher who taught concepts, who taught thinking."

Dr. Goodner made his mark outside the classroom as well. Internationally known as a scientist, Dr. Goodner made numerous significant contributions to immunology, in the development of a yellow fever vaccine, and studies on plague or cholera. He served as a government consultant and



Kenneth Goodner, Ph.D.



William A. Sodeman, M.D.

investigated epidemics in many parts of the world. Dr. Goodner earned his Ph.D. at Harvard and taught on the faculty there, as well as at the University of Kansas and Rhode Island State College. For ten years he was with the Rockefeller Institute for Medical Research in New York from which he resigned to join the field staff of the International Health Division of the Rockefeller Foundation. In 1946 he came to Jefferson as Head of the Department of Microbiology and retired from the position in July 1967, two months before his death.

Unveiling of the portrait, painted by Alden Wicks, followed Dr. Woodward's remarks. Portrait Committee Chairman Dr. Joel M. Barish lifted the velvet drape to display a pose of Dr. Goodner most familiar to his students: Dr. Goodner, hand on lectern, notes spread before him, eyes intent on his class, and the setting, a blackboard jotted with the great names in immunology. The portrait was accepted for the faculty by Dean William F. Kellow, who commented on the distinction of the new addition to Jefferson's portrait collection and the richness of Jefferson's history, of which Dr. Goodner is now a part. President Peter A. Herbut accepted the portrait for the Board of Trustees. A long time friend and colleague of Dr. Goodner, Dr. Herbut recalled the subject's adamant refusals to permit the painting of his portrait, the highest honor students can give a faculty member. From a knowledge of the man and an insight into his thinking, Dr. Herbut felt he could say, "He would have been honored and quite touched."

The portrait of another figure in recent Jefferson history was added to the Jefferson collection one month later. Dr. William A. Sodeman, Dean Emeritus, former Vice President for Medical Affairs and Professor Emeritus of

Medicine, was honored by his faculty colleagues and friends with the commissioning of his portrait, presented on May 17. Portrayed in academic robes, Dr. Sodeman was painted by artist Robert O. Skemp of Connecticut.

Dr. Sodeman's career at Jefferson spanned ten years. Dean Kellow recounted that during that time, "the structure of Jefferson was reorganized, buildings now being constructed were planned, and the curriculum was revitalized. An outstanding Jefferson Dean, he is also the type of man we would all choose as our physician." Dr. Kellow was paying tribute, not only to an associate but to an old friend: Dr. Kellow was Dean at Philadelphia's Hahnemann Medical College when Dr. Sodeman was Jefferson's Dean. The biography was given by Dr. Sodeman's long time colleague and friend, Dr. John H. Killough, Assistant Dean for Continuing Education. Dr. Killough presented Dr. Sodeman as devoting the main of his professional life to medical education. He started as an instructor at Tulane University School of Medicine and became Professor and Head of the Department of Preventive Medicine and later Henderson Professor of Tropical Medicine and Head of the Department. He was Professor and Chairman of the Department of Internal Medicine at the University of Missouri prior to coming to Jefferson in 1957 as Magee Professor of Medicine and Head of the Department. He became Dean in 1958 and Vice President for Medical Affairs in 1962.

The portrait was presented by Dr. Andrew J. Ramsay, Professor of Anatomy and Head of the Department, who is Chairman of the Portrait Committee. Dr. Ramsay cited the importance of Dr. Sodeman's role at Jefferson. In recognition of this, and with esteem and respect, his faculty colleagues

decided to commission the painting of his portrait. The portrait was accepted by President Peter A. Herbut. The audience response was a standing ovation for Dr. Sodeman, whose expressions of appreciation touched on all of his Jefferson associates.

board business

James M. Large, Chairman of Jefferson's Board of Trustees, recently was elected Vice President of the Pennsylvania Academy of the Fine Arts.

presidential commission

President Lyndon Johnson has appointed Judge A. Leon Higginbotham to a special commission which will study the causes of violence in American life. The commission was formed following the assassination of Senator Robert F. Kennedy and is headed by Milton S. Eisenhower, former President of Johns Hopkins University. Judge Higginbotham was appointed to the District Court for the Eastern District of Pennsylvania by President John F. Kennedy. He was the youngest man to attain this position in the last thirty years. Another Presidential commission on which Judge Higginbotham serves is investigating methods of reforming Federal criminal law. He has been a Jefferson trustee since 1965.

pharmacy affiliation

An affiliation agreement with Philadelphia College of Pharmacy and Science, signed at Jefferson on April 10, is the most recent move in Jefferson's program of academic expansion. The two schools began informal cooperative efforts 21 years ago. The current affiliation action will extend this relationship, but is not a merger. Jefferson Board Chairman James M. Large and College of Pharmacy and Science Board Chairman Dr. Alfred J. D'Angelo stressed the many mutual advan-

tages of the affiliation. Hosting the agreement signing ceremonies, Mr. Large said, "The nation's oldest college of pharmacy, which has played a part in Philadelphia's pre-eminence in American medicine, brings essential benefits to Jefferson at a time when it is developing university status." Speaking for the College of Pharmacy, President Arthur Osol stated, "Among the advantages that will accrue to us are expanded opportunities for obtaining training in pharmacy as practiced in hospitals." The provisions of the agreement will allow each school access to additional instructional facilities and opportunity for research collaboration. Students in Jefferson's School of Allied Health Sciences will receive instruction in certain basic science courses at the College of Pharmacy and Science. Also through the new affiliation graduate courses in pharmaceutical science that complement graduate programs in medical sciences may be assigned to students enrolled at Jefferson, and College of Pharmacy graduate students may be able to enroll in certain advanced courses in biochemistry and pharmacology at Jefferson.

President Peter A. Herbut commented, "This affiliation will be predominantly in connection with our School of Allied Health Sciences and our Hospital Pharmacy Program." He emphasized the importance of teams of paramedical personnel in meeting health care demands of the future. "With the aid of our new affiliation, our School of Allied Health Sciences will be able to contribute significantly to this vital pool of physician team members." In referring to today's heightened manpower shortages being created by rapid advances in the health field, Dr. Herbut said, "This is an appropriate place to mention the fact that Jefferson has educated more physicians than any other American medical college, and that the

Philadelphia College of Pharmacy and Science has educated more pharmacists than any other American institution."

honors in academe

This year's Distinguished Teaching Awards from the Christian R. and Mary F. Lindback Foundation have gone to Dr. Robert L. Brent and Dr. Robert C. Mackowiak of the faculty.

Dr. Brent is Professor of Pediatrics and Head of the Department, and also Professor of Radiology. He directs the Stein Research Center which houses cancer research laboratories and a laboratory for research in prenatal deformities. Dr. Mackowiak, Assistant Professor of Physiology, graduated with honors from Jefferson in 1964 and joined the faculty in 1965. The awards were made on Class Day, May 30, in McClellan Hall.

community mental health

For some time Jefferson's Department of Psychiatry has been at work developing plans to deal with the problems of community mental health. In April came the means to push the plans through the development into the implementation stages. It was a National Institute of Mental Health grant, enabling Jefferson to open its Community Mental Health Center in July 1968. The program includes diagnosis and evaluation, inpatient and outpatient services, day treatment services, emergency services, consultation, education and community organization programs, rehabilitation and after-care services, training, research and evaluation activities. Headquarters for administration, research, consultation, evaluation and training will be located at Twelfth and Walnut Streets at Jefferson. Philadelphia General Hospital, Philadelphia State Hospital and a small segment of Jefferson Hospital will

serve inpatients; an outpatient clinic will be located at the Public Health Center on South Broad Street. The Public Health Center will work in conjunction with the clinics at Jefferson. Jefferson's affiliation with Horizon House will provide the after-care and rehabilitation services and the University Settlements affiliation supports the community organization and education aspects of the program.

Dr. Daniel Lieberman, Associate Professor of Psychiatry, is Director of the new Community Mental Health Center.

in an emergency

Jefferson in an emergency is emerging first rate. With the opening on April 8 of Jefferson's new Emergency Department, the most modern equipment and the broadest spectrum of emergency services come into play when a patient arrives at the Emergency Department entrance. The automatic doors open into a facility that is triple the size of the old and can treat triple the number of patients. New features include an x-ray room, an orthopaedic cast room, a laboratory, and a separate area for treatment of children. Automatic respirators and a resuscitation cart, nicknamed "MAX," will be in use shortly. (See page 16.) The facility will have the same twenty-four hour service as did the old Accident Ward; it occupies the site of the "Pit."

Dr. Peter A. Herbut dedicated the Emergency Department at an informal opening ceremony. Director of the new facility is Dr. Joseph Keiserman. Hospital Director Dr. Francis J. Sweeney '51, remarked on the occasion, "We are transferring all the tradition and dedication to medical care from the old Accident Ward. In the old ward, many physicians now prominent as professors and heads of attending staffs here and

elsewhere first experienced the endless demands of a medical career. In the old facility they learned a practical lesson. Neither injury nor illness ever takes a holiday."

Attention also is being given to training personnel for treating emergencies. The first of a regular schedule of training courses in emergency care was presented on April 15. Jefferson is the first medical institution in the Philadelphia area to receive certification from the American Heart Association for conducting the course. Its purpose is to train and certify instructors. Dr. Jay Jacoby, Professor of Anesthesiology and Head of the Department, developed the course. Dr. Joel J. Nobel '65, of his staff directs and does much of the teaching.

student things

Judith M. Cooper of the senior class is currently in Tel Aviv, Israel, receiving training and doing medical research as a Public Health Service International Fellow. She is one of two women and eight men, all American medical students, selected for the program. Participants are chosen from applicants from all over the nation. The students spend eleven weeks at Tel Hashomer Hospital and one week in a Kibbutz (collective farm settlement) or medical center of an Arab village.

Morton A. Kavalier, also a senior, has been awarded a \$1,355 Smith Kline & French Laboratories Fellowship from the Association of American Medical Colleges. He will leave in December for Ambala City, Haryana, India, where he will assist at a mission hospital for ten weeks. The eighty bed hospital serves a population of one million. Kavalier is one of thirty-one students from American medical colleges to receive the fellowships. He is a graduate of the University of Pennsylvania.

Phi Alpha Sigma fraternity has combined contributions from members and funds from the treasury to make a donation to the Philadelphia Chapter of the NAACP in memory of the late Dr. Martin Luther King.

caribbean seminar

It took six years of Postgraduate Alumni Seminars before Jefferson reached Paradise Island—in the Bahamas, that is. One hundred sixty-nine alumni, wives and children made the trip which extended from May 8-13. Headquarters for the group was the Paradise Island Hotel. It was a mixture of work and fun. The scientific sessions were held each day with speakers from the Jefferson faculty and members of the Bahamas Division of the British Medical Association. Dr. John H. Killough, Assistant Dean for Continuing Education, headed the group. On the list of seminar speakers were Dr. William F. Kellow, Dean and Vice President for Medical Affairs, Dr. Jay J. Jacoby, Professor of Anesthesiology and Head of the Department, Dr. Paul H. Maurer, Professor of Biochemistry and Head of the Department, Dr. John Y. Templeton, III, The Samuel D. Gross Professor of Surgery and Head of

the Department, Dr. M. H. F. Friedman, Professor of Physiology and Head of the Department, and Dr. Richard A. Chambers, Professor of Neurology and Head of the Department. Host to the Jefferson group was Dr. A. Stanley Cooper, President of the Bahamas Division of the British Medical Association. The tropical trees, skies, waters and the golf links occupied "after hours" portions of the tour. Next year, April in Switzerland!

stacking the shelves

Two recent gifts to Jefferson's library have been of real value in strengthening the library's holdings, Librarian Robert T. Lentz reports. They are the collections of Dr. Lowrain E. McCrea '19, and the late Dr. Leo Hymovich '29. Dr. McCrea presented his complete sets of the *Journal of Urology* and *Urologic Survey*, many volumes of the *British Journal of Urology* and more than one hundred other books. The selected books represent classics and near classics in medicine, especially urology. Dr. Hymovich's unique collection of five hundred volumes of medical biographies and the history of medicine was donated to the College library by Mrs. Hymovich.



Dinner hour: Seated from left, Dr. William F. Kellow, Mrs. A. Stanley Cooper, Dr. Benjamin Haskell, Mrs. Haskell. Standing from left, Dr. Cooper, Mrs. Kellow, Dr. John H. Killough. The seminar moves to Switzerland next April.

faculty notes

administration

President Peter A. Herbut was commencement speaker on June 10 for the 147th graduating class of the Philadelphia College of Pharmacy and Science, Jefferson's most recent affiliate.

anatomy

Dr. Franz X. Hausberger, Professor of Anatomy, delivered a paper at the 52nd Meeting of the Federation of American Societies for Experimental Biology on April 17. The paper was entitled, "*In Vivo* Lipogenesis by Liver and Adipose Tissue of Rats and Mice."

Dr. Albert W. Sedar, Professor of Anatomy, attended the American Association of Anatomists meeting in New Orleans, Louisiana, April 9-12, and presented the paper, "Polysaccharides Associated with Acid-secreting Cells of the Stomach."

Dr. August Epple, Associate Professor of Anatomy, presented the paper, "Is There a Third Pancreatic Hormone?", at the Northeastern Regional Conference in Comparative Endocrinology on April 27.

biochemistry

Dr. Ralph Heimer, Professor of Biochemistry, presented a paper on "Immunological Aspects of Transplantation" with Dr. Leslie G. Clark, Instructor in Biochemistry, and Dr. Paul H. Maurer, Professor of Biochemistry and Head of the Department, at the meeting of the Federation of American Societies for Experimental Biology in Atlantic City, April 16-20. Other papers presented at the meeting were: "Effect of Albumin Fraction from Blood of Tumor-Bearing Rats on Serum Protein Production by Isolated Perfused Normal Rat Livers," by Dr. Milton Toporek, Associate Professor of Biochemistry; "Transfer of Ability to Form Antibody to a Synthetic Polypeptide by Macrophage RNA," by Dr. Paul Pinchuck, Assistant Professor of Biochemistry, with Dr. Marvin Fishman, Dr. Paul H. Maurer, and Dr. Frank L. Adler; and "Reaction of Antibody with Calcium Induced Conformations in Linear Random Polymers," by Dr. Leslie G. Clark, with Dr. Maurer and Dr. Paul A. Liberti, Instructor in Biochemistry.

Dr. Milton Toporek is the author of the recently published book entitled *Basic Chemistry of Life*. Appleton-Century-Crofts released the book in June.

Dr. Paul A. Liberti was a co-recipient of the Otten Award for 1968. The award and a prize of \$2,000, given by the Stevens Institute of Technology, honors the most significant contribution to research as judged

by the Graduate Faculty for work conducted on the Stevens Campus. Dr. Liberti's research involved a correlation between the anticoagulant activity of heparin and its electrostatic binding capacity.

medicine

Dr. Sandor S. Shapiro, Associate Professor of Medicine and Associate Member of the Cardeza Foundation, has been invited to take part in a symposium on "Recent Advances in Hemophilia and Hemophilioid Diseases," sponsored by the National Hemophilia Foundation on August 30. He will speak on "The Pathophysiology of Anticoagulants in Hemophilia." At the XIIth Congress of the International Society of Hematology in New York on September 2, Dr. Shapiro will give a paper on "An Immunological Study of Human Prothrombin." He has recently been elected to the Editorial Board of *Blood*, the journal of hematology.

Jean Atwater, B.S. (M.T.) was awarded the Edward P. Dolbey Award for "Medical Technologist of the Year" at the annual convention of the Pennsylvania Society of Medical Technologists, held April 18-20, in Hershey, Pa.

obstetrics and gynecology

Dr. Warren R. Lang, Professor of Obstetrics and Gynecology, and Dr. Alvin F. Goldfarb, Assistant Professor of Obstetrics and Gynecology, participated in the annual meeting of the American Fertility Society in San Francisco, March 28-30. Dr. Lang moderated a conference on "Cytology in Infertility and Abortion," and Dr. Goldfarb, one on "Gonadotropin Therapy in Infertility." Dr. Goldfarb also chaired a session on "Physiology of Ovulation," and spoke on "Genetics and Central Nervous System—Its Role in Ovulation." Dr. Lang was in Rio de Janeiro, Brazil, May 19-22, for the Third International Congress of Cytology. He participated in two panels, "Evaluation of Suspicious Smear" and "Ask the Experts."

ophthalmology

Dr. Thomas D. Duane, Professor of Ophthalmology and Head of the Department, discussed "The Pathogenesis of Diabetic Retinopathy" at the Upjohn Company in Kalamazoo, Michigan, on March 22. At the meeting of the Section on Ophthalmology of the College of Physicians of Philadelphia, held April 18, Dr. Duane monitored a panel discussion on "The Analysis of Problems in Funduscopy," in which Dr. William C.

Framer, Professor of Ophthalmology, Dr. P. Robb McDonald, Professor of Ophthalmology, and Dr. Thomas Behrendt, Associate Professor of Ophthalmology, participated. Dr. Duane testified before a Congressional Committee in Washington on "The Needs for Eye Research" on April 25, and in Hot Springs, Virginia, at the meeting of the American Ophthalmological Society, May 27-29, presented the paper, "Pituitary Ablation Results in Diabetic Retinopathy."

Dr. William C. Frayer presented a paper at the meeting of the American Ophthalmological Society on "Ocular and Adnexal Changes Associated with Relapsing Febrile Non-Suppurative Panniculitis (Weber-Christian Disease), and spoke on "The Effects of Vitreous Degenerations on Macular Disease" at the Hunterdon Medical Center in Flemington, N. J., on May 22.

Dr. P. Robb McDonald, who is Head of the Department of Ophthalmology at Lankenau Hospital, presented a paper on "Differential Diagnosis of Elevated Lesions of the Retina" at the Iowa Ophthalmological Society in Iowa City, Iowa, on May 10. He also participated in a panel discussion on "Current Treatment of Presumed Histoplasmosis and Chorioretinitis" while there.

Dr. Thomas Behrendt attended the meeting of the Association for Research in Ophthalmology in Tampa, Florida, on April 29, where he gave the paper "Integration of Fluorescein and Spectral Reflectance Techniques." At the same meeting Dr. Peter V. Palena, Resident in Ophthalmology, presented a paper on "The Quantitative Effect of Increased Intraocular Pressure on Blackout."

orthopaedic surgery

Dr. James M. Hunter, Associate in Orthopaedic Surgery, attended combined meetings of the American Society for Surgery of the Hand and counterpart societies of England, France and Portugal, May 2-19. He presented a paper on "Concepts in Peripheral Nerve Repair" to the French society in Paris, and on "Use of Artificial Tendon Implants" to the society in Portugal.

otolaryngology

Dr. Fred Harbert, Professor of Otolaryngology and Head of the Department, received a Distinguished Service Citation from Wayne State University, his alma mater, on the occasion of the centennial celebration of the Detroit institution's founding on May 15.

pediatrics

Dr. Robert L. Brent, Professor of Pediatrics and Head of the Department, presented a paper entitled "Production of Congenital Malformations Using Tissue Antisera: Cross Specificity Between Species" at the Federation of American Societies for Experimental Biology meeting in April. He also attended the meetings of the American Pediatric Society and Society for Pediatric Research in Atlantic City, N. J., May 3-4, and lectured on "The Long Term Effects of Embryonic and Fetal Irradiation." As President of the Teratology Society, Dr. Brent presided over the Society's meeting at Buck Hill Falls, Pa., May 15-17. He also participated in planning of the First Conference on the Clinical Delineation of Birth Defects at Johns Hopkins Hospital, Baltimore, Md., May 20-25.

Dr. Elias Schwartz, Assistant Professor of Pediatrics, attended the annual meeting of the Pediatric Research Society in Atlantic City, and gave the paper, "Unbalanced Globin Synthesis in Alpha Thalassemia."

Dr. Kishan Rao, Assistant in Pediatrics, won second prize for a paper submitted to the Philadelphia Pediatric Society, entitled "The Effect of Iron Deficiency on Levels of Sick and Normal Hemoglobin in Sick Cell Trait." Dr. Rao is working in the Children and Youth Program.

pharmacology

Dr. Julius W. Coon, Professor of Pharmacology and Head of the Department, is Chairman of a special subcommittee of the National Academy of Sciences which will review the safety of artificial sweeteners. The subcommittee is conducting the review at the request of the Food and Drug Administration.

preventive medicine

Dr. C. Earl Albrecht, Professor of Preventive Medicine, presented a series of lectures in preventive medicine during April at the Universities of Oulu and Helsinki Medical Schools in Finland. On his visit Dr. Albrecht found that an excellent medical and public health program has been developed for these sub-arctic areas with modern public health centers and hospitals well staffed by physicians, veterinarians, dentists, nurses and environmental health personnel. The invitation to Dr. Albrecht resulted from the Circumpolar Health Symposium held at the University of Alaska in July 1967, of which he was Program and

Planning Committee Chairman. Physicians from Finland participated in that conference.

psychiatry

Dr. Paul J. Poinsard, Professor of Psychiatry, received the Pennsylvania Medical Society "Voice of Medicine" award for public speaking recently. He was presented the citation at the Philadelphia County Medical Society.

Dr. Claus B. Bahnson, Associate Professor of Psychiatry, chaired and organized the Second Conference on Psychophysiological Aspects of Cancer, held at the New York Academy of Sciences on May 20-22. Dr. Bahnson delivered a paper at the conference entitled, "Psychophysiological Complementarity in Malignancies: Past Work and Future Vistas." His reported findings received wide press coverage including a story in *Time* magazine.

Dr. Abraham Freedman, Associate Professor of Clinical Psychiatry, gave a paper on "Sexual Information, Attitudes and Activities of Medical Students," which he co-authored with Dr. Edward Gottheil, Associate Professor of Psychiatry, at the American Psychiatric Association meetings in Boston during May.

Dr. Robert S. Garber, Visiting Associate Professor of Psychiatry, has been re-elected Secretary of the American Psychiatric Association.

Dr. Ivan Boszormenyi-Nagy, Associate Professor of Psychiatry, participated in a panel discussion entitled, "On Becoming and Being a Family Therapist," at the annual meeting of the American Orthopsychiatric Association, held March 21-23 in Chicago.

Dr. Herbert Sprince, Associate Professor of Psychiatry, at this year's meeting of the Federation of American Societies for Experimental Biology gave a paper on "Convulsant Activity of Homocysteine in the Rat: Protection by Homoserine, Betaine, and Glycine," which he co-authored with Dr. Chester R. Wilpizeski, Assistant Professor of Otolaryngology and of Physiology, and two other colleagues. At the Society of Biological Psychiatry in Washington, D C., he delivered a paper on the topic, "Congeners of Y-Hydroxybutyrate in Relation to Depressant and Convulsant Activity."

Dr. Marjorie B. Bahnson, Research Associate in Psychiatry, presented a paper at the Second Conference on Psychophysiological Aspects of Cancer on "Ego Defenses in Cancer Patients," which she co-authored with Dr. Claus B. Bahnson.

Dr. James L. Framo, Associate in Psychiatry, has been elected President of the Family Institute of Philadelphia.

radiology

Dr. Simon Kramer, Professor of Radiology, recently was awarded \$1,250,000 by the National Institutes of Health to study the effect of chemotherapy and radiotherapy in advanced head and neck cancers. This is a cooperative project which involves a group of major cancer centers in the country, for which Jefferson Hospital will be headquarters. The project is under Dr. Kramer's supervision. The hyperbaric oxygen chamber, in the development of which Dr. Kramer played a major role, has been delivered at Jefferson and clinical trials using the chamber in the care of cancer have begun. Animal investigations concerning the combined use of radiation therapy and hyperbaric oxygen have been going on in the Radiology Department for the past two years.

surgery

Dr. Thomas B. Mervine, Assistant Professor of Clinical Surgery, and Dr. Gerald Marks, Associate in Clinical Surgery, were awarded third prize at the Chicago Medical Society Annual Clinical Conference for their exhibit on "Non-healing Ulcers of the Extremities."

Dr. Richard T. Padula, Associate in Surgery, with co-authors Dr. George S. M. Cowan, Jr., Resident in Surgery, and Dr. Rudolph C. Camishion, Professor of Surgery, presented a paper on "Photographic Analysis of the Active and Passive Components of Cardiac Valvular Action" at the American Association for Thoracic Surgery in Pittsburgh, Pa., on April 24.

Dr. Benjamin Bacharach, Associate in Surgery, represented Jefferson recently at the National Research Council Conference on Human Heart Transplants held at the National Academy of Science in Washington, D. C.

urology

Dr. Paul D. Zimskind, Professor of Urology and Head of the Department, presented the exhibit, "Clinical Use of Silicone Rubber Ureteral Splint Tubes Inserted Cystoscopically," at the Southeastern Section meeting of the American Urological Association in Atlanta, Georgia, April 7-13, and at the American College of Obstetricians and Gynecologists annual meeting in Chicago during May.

class notes

1893

DR. EDWARD I. RICH, 2624 Taylor Ave., Ogden, Utah, says he is "doing first rate for a man 100 years old." Dr. Rich was interviewed by the *Deseret News* for his April 9 birthday. One of the first general practitioners in Ogden, he spent 55 years in practice there. Dr. Rich has the agility and alertness of a man 20 years younger, the *News* reports.

1908

DR. HOWARD L. HULL, 1424 Summitview Ave., Yakima, Wash., is still in active practice, specializing in allergy, but has reduced his working hours. "Am enjoying excellent health. Am much thrilled at the expansion at Jefferson."

1909

DR. EMORY R. PARK, 107 Broad St., La-Grange, Ga., is still going strong at well over eighty, addressing civic groups and doing some writing.

1913

DR. JOHN E. LIVINGOOD, 826 Woodward Dr., Greenfields, Reading, Pa., has become a life member of the Board of Managers of the Reading Hospital.

1915

The Mary Black Memorial Hospital in Spartanburg, S. C., was dedicated on April 27, the result of 40 years of effort on the part of the Black family, spearheaded by DR. SAMUEL O. BLACK '15. Dr. Black's father, Dr. Hugh R. Black, helped to start the first hospital in the Spartanburg community in 1921, ad-



Dr. Black

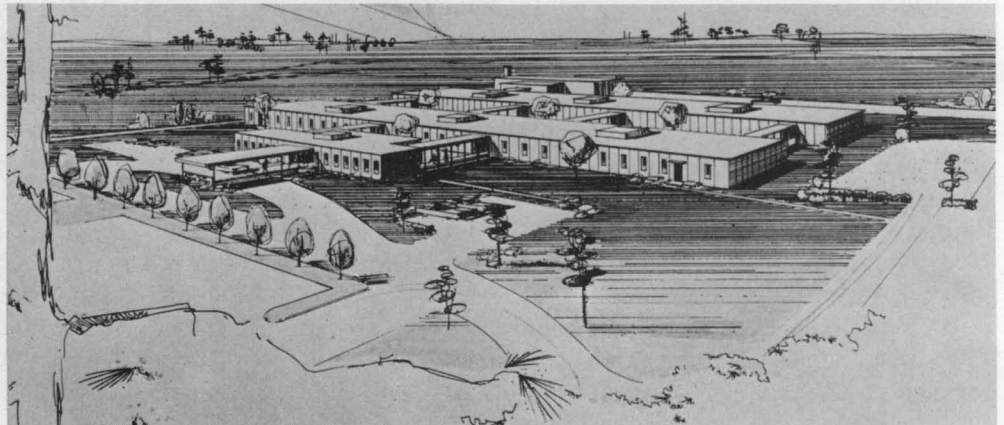
1917

DR. ALBIN R. ROZPLOCH, 318 Highland Ave., Chester, Pa., received the 1968 Outstanding Citizen Award of the Polish-American Eagles Citizens' Club. The award was presented at the organization's annual banquet on March 10, where Dr. Rozploch was called "the person who has done the most to promote the welfare of citizens of Polish extraction." He was decorated by the Polish government in 1939 for his leadership in relief drives and for sales of Polish government bonds in Poland.

1918

DR. JAMES H. MASON, 3rd, 500 4th Ave., Absecon, N. J., was honored for 50 years service to Atlantic City Hospital by the hospital's medical staff recently. A formal resolution was adopted citing Dr. Mason's role as an "honorable representative of the profession and of the hospital." Dr. Mason retired last October from private practice and at that time also stepped down as Chairman of the hospital's Board of Governors. He was formerly Chief of Surgery there. Dr. Mason and his wife have four married children.

mitted the first patient and performed the first operation. Sons Samuel and Hugh S. '17, who died in 1950, helped establish the larger Mary Black Memorial Hospital in 1925. Initially a private venture, the hospital became a non-profit institution, the first in South Carolina, under the leadership of the Drs. Black. In the 1950's Dr. Sam Black saw the need for a larger and more modern



Artist's rendering of Mary Black Memorial Hospital

class notes

1920

DR. HAROLD J. COLLINS, 138 Main St., Brockport, N. Y., took down his shingle in April, 48 years and 2,000 obstetrical deliveries after he opened his Brockport practice. Friends and colleagues feted him with a testimonial dinner. Among the interesting things that have happened in his medical career, Dr. Collins includes delivering 12 sets of twins. He was associated with Lakeside Memorial Hospital before his retirement.

DR. CESAR DOMINQUEZ-CONDE is living in Miami, Fla. (1900 S. W. 21st St.), due to his son's auto accident six years ago. His son is recuperating very well and Dr. Dominquez is retired now.

1924

DR. ROBERT K. Y. DUSINBERRE, R. D. #1, Box 52, Wellsboro, Pa., sends a few surgery notes: "EARL PHILLIPS had three major operations in one year and a broken arm, but is doing well now. HARLAN CLOUD had major vascular surgery and is also doing well. Dusinberre refuses surgery for that Charcot's ankle, since it is the ataxia that bothers him, not the limp."

hospital and since then has been working toward establishing the new 103-bed facility. The Black family contributed over \$1 million and community members, the remaining cost, making construction of the new Mary Black Memorial Hospital possible. No federal state or local funds were involved in the financing of the facility. Dr. Black is a member of the hospital's Board of Trustees.

DR. SAMUEL G. SCOTT, 18 Culver Ave., Jersey City, N. J., is "still making house calls but limiting them to beneath the third floor!" Limiting many things but still loves his work, he writes.

1925

DR. CARL M. HADLEY, 491 5th St., San Bernardino, Calif., does office work six days a week but has eliminated hospital work from his schedule.

1928

DR. LERLEEN C. HATCH writes that since September '64 he and Mrs. Hatch have been retired in Logan, Utah, where they both attended the Utah State University prior to going to Jeff. "Becoming accustomed to peace and quiet." Their address is 1642 Saddle Hill Dr.

DR. CARL F. LAUSTER, 10300 Carnegie Ave, Cleveland, Ohio, keeps a very active ob-gyn practice and is on the staff of University Hospitals of Cleveland. Dr. Lauster's son-in-law is an anesthesiologist, living in Phoenix, and one son is living in Cleveland. Dr. and Mrs. Lauster took a trip to Mexico recently.

DR. GARRETT C. McCANDLESS, 1238 Elk St., Franklin, Pa., has been appointed General Chairman of the Community YMCA Development Fund campaign. The fund raising goal is \$600,000 which will be used for construction and renovation of facilities. Dr. McCandless was the "immediate and unanimous choice of the board," the local paper reported. He has served as General Chairman of two previous United Fund drives in Franklin.

1930

DR. JOSEPH G. COCKE, 422 Laramie Dr., San Antonio, Tex., is now Assistant Superintendent of San Antonio State Hospital. "Prior to that I was staff physician for six years. Am enjoying my retirement and grandchildren."

1931

DR. KENNETH E. FRY, Clinton Court Apts., Walla Walla, Wash., has been named Director of Health for the Walla Walla City-County Health Department. He assumed the post on July 1 and was also appointed to the County Mental



Dr. Fry

Health and Mental Retardation Advisory Boards. Dr. Fry moved to Walla Walla last November. He had been associated with Jefferson since his graduation in 1931 and was Honorary Professor of Clinical Surgery when he left. Dr. and Mrs. Fry have a daughter, Anne, who is completing requirements for her Ph. D. degree in zoology.

DR. NATHAN RALPH, 2047 Spruce St., Philadelphia, was elected President of the Laennec Society of Philadelphia this year and a member of the 25 Year Club of the University of Pennsylvania. Dr. Ralph is Assistant Professor of Medicine at the University and Medical Director and Chief of the Pulmonary Department of Deborah Hospital, N. J.

DR. PAUL A. SICA, 450 Washington Rd., Pittsburgh, Pa., visited with DR. GEORGE K. F. TYAU and his family in Hawaii in March. "The stimulus for our visit to Hawaii was provided by the annual meeting of the American College of Cardiology. We had the pleasure of hearing Christian Barnhard present his two cases during the sessions. The meeting was major league in every way, with more than 5,000 registrants. I can remember when we had difficulty getting 500 registrants."

DR. DONALD C. SMITH, 86 Academy St., Wilkes-Barre, Pa., was elected President of the Medical Staff of Wilkes-Barre General Hospital in February. Dr.

Smith is Chief of Surgery at the Hospital and Co-director of the tumor clinic there. He is a Fellow of the American College of Surgeons.

DR. DONALD D. STONER, 156 W. Pomfret St., Carlisle, Pa., reports that since stopping all surgery and restricting himself to office work, "I find a strong nudge both voluntarily and involuntarily toward retirement. It also gives one a strong urge to go fishing, so I am giving in to the urge and taking off for Ontario tomorrow to frustrate the urge of a pickerel or two headed toward their spawning group."

1932

DR. CHARLES W. BAIR, 57 Hess St., Quarryville, Pa., is now Chairman of the Department of General Practice at Lancaster General Hospital and Chief of Clinics there, which entails membership on the Executive Committee.

DR. LEWIS C. MANGES, who moved from Philadelphia to Hancock, N. Y., in 1963, has decided to take over operation of Stillson Memorial Center in Windsor, N. Y. While in Hancock Dr. Manges was on the staff of Read Memorial Hospital, Delaware Valley Hospital and Barnes Community Hospital.

DR. SIDNEY B. ROSENBLUTH, 325 E. 72nd St., New York, N. Y., writes with what he calls "no real news of interest. This year I have a new boat, two new poodles — but the same wife — and besides a practice, that's a lot to love and care for. Sorry to have been out of town for the New York alumni dinner in April."

1933

DR. KARL HABEL, Scripps Clinic and Research Foundation, La Jolla, Calif., has been elected to the National Academy of Sciences. A world renowned virologist, Dr. Habel was with the Public Health Service for 30 years.

DR. RAYMOND F. SMITH, 520 Franklin Ave., Garden City, N. Y., has been elected to the Board of Directors of Greater New York's Blue Shield. He is President of the Brooklyn Chapter of the American College of Surgeons, the Nassau Academy of Medicine and the Nassau Division of the American Cancer Society. Dr. Smith is also Director of the Department of General Surgery at Nassau Hospital.

1935

DR. JAMES N. BARROWAY, 600 W. Marlton Pike, Cherry Hill, N. J., has been joined by his son, DR. ROBERT P. BARROWAY '64, in pediatrics practice.

DR. PHILIP R. WIEST, 238 N. 6th St., Reading, Pa., has been elected to the Board of Trustees of Juniata College, his undergraduate school. Dr. Wiest practices ophthalmology and otolaryngology in Reading.

1936

DR. BARCLAY M. BRANDMILLER, 5104 Market St., Youngstown, Ohio, is "Boss of the Year," according to the Yo-Mah-O Chapter of the National Secretaries' Association. Dr. Brandmiller was given the top boss title at the annual business dinner given by the Association on February 8, where bosses were guests of their secretaries.

DR. GEORGE L. ERDMAN, 50 Cedar St., Millburn, N. J., was installed in March as President of the Union County Medical Society in New Jersey. As Chief of Pathology and Director of Laboratories at Overlook Hospital, he supervises a staff of 50 technicians and pathologists. When Dr. Erdman came in 1949 the Overlook pathology department personnel numbered three technicians. He and Mrs. Erdman have four sons, one in medicine, one a Ph.D., one a computer programmer and another with the Peace Corps in Turkey.

DR. JOHN L. GOMPERTZ, 3232 Elm St., Oakland, Calif., has been elected President of the National Tuberculosis and Respiratory Disease Association. He has

served on the NTRDA Board of Directors since 1953 and is a past President of both the California and the Alameda County Tuberculosis and Health Associations. Dr. Gompertz, who practices internal medicine in Oakland, is also a diplomate of the American Board of Internal Medicine, a founding director of the Alameda County Heart Association and past President of the California Thoracic Society.

1938

DR. HAROLD L. CHANDLER, 330 Mt. Auburn St., Cambridge, Mass., was principal guest speaker at the Maine Nuclear Medical Symposium in May. He is President of the Society of Nuclear Medicine in New England. His topic was "Clinical Experience with an 8 inch Rectilinear Scanner," equipment with which he has been working for the past three years. Dr. Chandler is Assistant Professor of Medicine at Boston University School of Medicine and Associate Physician to the Boston City Hospital.

DR. CLEMENT B. POTELUNAS, 327 N. Washington Ave., Scranton, Pa., has an active dermatology practice. Four of his six children are in college.

1941

DR. CLYDE C. GREENE, JR., 490 Post St., San Francisco, has been named President-Elect of the 10,000 member American Society of Internal Medicine. He will be inducted as President next year. Dr. Greene is Assistant Clinical Professor of Medicine at Stanford University School of Medicine and General Medical Director of the Pacific Telephone Company.

DR. CHARLES M. GRUBER, JR., P. O. Box 618, Indianapolis, Ind., is busy with hospital work and his "tranquilizer," boy scouting. This year Dr. Gruber received a "Silver Beaver" award in scouting for his work with the boys and interest in training adult leaders.

DR. RICHARD T. SMITH, 37 Narbrook Park, Narberth, Pa., was one of the first recipients of an Alumni Association Citation from Lebanon Valley College. Dr. Smith is renowned for his research on rheumatism and arthritis. Last fall he was elected President of the Pan American League against Rheumatism. Dr. Smith is Director of Rheumatology of the Benjamin Franklin Clinic in Philadelphia.

1942

DR. ROBERT H. McCARTER, 82 Marlboro St., Boston, Mass., writes: "Just built a new home with which we are delighted. Sending oldest son to college in fall."

DR. JOHN E. McKEIGUE, 94 Pleasant St., Arlington, Mass., writes that he is enjoying Jefferson's visits to Boston, the most recent being the reception at the American College of Physicians convention.

DR. ALEX POHOWSKY, JR., 6849 Pine-needle Lane, Cincinnati, Ohio, with Mrs. Pohowsky attended a joint meeting of the Ohio Academy of General Practice and the Puerto Rico Academy of General Practice in San Juan in March. "A highlight of our trip was a most delightful visit with FRANK VEVE and his wife, Jerri. They hosted us to the best Spanish meal we have had to date."

DR. MICHAEL J. RESSETAR, 75 Clifton Ave., Clifton, N. J., is the recipient of the Silver Keystone, the highest award given by the Boys' Clubs of America. The medallion was presented to him at a Testimonial dinner in March where he was cited for his 18 years of service on the Board of Directors of the Boys' Clubs of Clifton. He has held several offices in the organization, including the presidency. Dr. Ressetar is Director of the Allergy Department at St. Mary's Hospital in Passaic, N. J.

DR. JOSEPH W. STAYMAN, JR., 350 Roumfort Ave., Philadelphia, has been appointed by the U. S. Surgeon General as Consultant Surgeon at Valley Forge Army Hospital. He is Director of Surgery at Chestnut Hill Hospital.



Dr. Gompertz



Dr. Greene

1943

DR. WARREN R. LANG, William Penn House, 1919 Chestnut St., Philadelphia, on July 1 started a residency in pathology under Dr. Gonzalo E. Aponte at Jefferson. Dr. Lang plans to keep a very limited practice in gynecology. He will spend one year at another institution under the three year residency. His aim: getting Boards in anatomic pathology.

Dr. Lang has been Professor of Obstetrics and Gynecology at Jefferson since July 1963.

DR. BERNARD J. MILLER moved his office last May to the Medical Office Building, 666 E. Penn St., Philadelphia.

DR. ROBERT J. SAUL, P. O. Box 476, Montainair, N. Mex., writes: "Happy that I am still able to be a 'country doctor' and, I hope, an up-to-date one. I always read with great pride of Jefferson's advancements. Sorry not to be able to make our twenty-fifth reunion. Best wishes to all my classmates."

DR. WILLIAM J. WEST, 1350 Runnymede Rd., Dayton, Ohio, regretted having to miss the 25th reunion, "but because of difficulty in securing proper coverage for the children in school, had to pass. I have a son at Ohio Wesleyan who is hopefully looking toward Jefferson in three years."

1944J

DR. PAGE ACREE, 6809 Goodwood Ave., Baton Rouge, La., is the winner of the A. H. Robins Company, Inc., award for community service, given at a meeting of the Louisiana Medical Society.

DR. PAUL CUTLER, 1616 Pacific Ave., Atlantic City, N. J., has returned from a "most exciting" two year stay in Afghanistan. "We are now making plans for our next adventure. I am circling June 1969 on my calendar and looking forward to our 25th class reunion."

1945

DR. C. GLENN CLEMENTS, 5511 N. E. 182nd St., Seattle, Wash., has been active in starting a mental health clinic in the Seattle ghetto area. "The main professional time is volunteered by psychiatrists in private practice. This has helped our own white racism as much as it has helped our Negro patients."

DR. WILLIAM C. GAVENTA, 3914 Elmwood Ave., Louisville, Ky., is Director of Student Education for the University of Louisville School of Medicine and is in the Department of Medicine at the Louisville Veterans Administration Hospital.

DR. VICTOR M. RUBY, 101 S. Montgomery Ave., Atlantic City, N. J., sends word on the family whereabouts. The oldest son, Edward, has just finished his first year at Jefferson, another son is a senior at Marietta College where two others will be freshmen in the fall, and one more is a pre-med at Douglass College. That leaves one at home.

DR. PAUL E. SIEBER, Mifflintown, Pa., is now a Fellow of the American College of Radiology.

1946

DR. ROBERT C. DIETEL, 45 Bardwell St., So. Hadley Falls, Mass., has two sons planning medical careers. One is in pre-med at Bates College where the other son enters this fall. A daughter just graduated from Smith College.

DR. JAMES V. MACKELL, 5392 Oxford Ave., Philadelphia, has been elected President of Staff at Holy Redeemer Hospital in Meadowbrook, Pa. He is Director of the Department of Pediatrics at the Hospital. Dr. Mackell is Alternate Chairman of Jefferson's Annual Giving Committee and Vice President of St. Joseph's College Medical Alumni Association.

1947

DR. WILLIAM J. BROWNING, JR., 134 N. Centre St., Merchantville, N. J., writes that one of his patients told him that her sister in Sanford, Fla., goes to Dr. C. F. BROOKE SMITH as family physician. During the Florida teachers' strike Dr. Smith volunteered two hours a day to teach high school biology.

DR. JOSEPH M. CORSON, 24 Bloomfield St., Lexington, Mass., Associate in Pathology at Harvard Medical School and Senior Associate in Pathology at Peter Bent Brigham Hospital, with his colleagues from Brigham Hospital presented a short course on "The Pathology of Kidney Transplantation" at the Annual Meeting of the International Academy of Pathology in Chicago in March.

DR. GAIL G. L. LI, 1523 Kalakau Ave., Honolulu, Hawaii, reports that he had a visit from Dr. ROBERT I. JASLOW recently. Dr. Jaslow was in Hawaii on business for the Division of Mental Retardation of the NIH. "We spent a pleasant evening discussing our 20th reunion last year in Philadelphia and we both promised to be back for the 25th in 1972."

1948

The big news from the class of 1948 was the twentieth reunion celebration in Bermuda. It was scientific sessions, golf sessions and just plain relaxation. Dr. Norman J. Quinn did the organizing with enthusiastic support from classmates. For a full report, see page 22.

DR. RICHARD M. LANDIS, 1315 Clayton Rd., Lancaster, Pa., was away during the reunion, spending two weeks with the National Guard. "I would certainly have planned to be in the group were it possible."

DR. ALAN L. MICHELSON, 22 Pickwick Rd., Marblehead, Mass., says that all is well and hectic. "Winters are busy skiing."

DR. LEE E. SERFAS recently assumed the post of Director of Surgery at Easton Hospital in Easton, Pa. Dr. Serfas was formerly Executive Officer of the Valley Forge Army Hospital at Phoenixville, Pa. His new responsibilities will include educating surgical residents and interns, continuing medical education of the attending staff and care of surgical patients. Dr. and Mrs. Serfas have three children.



Dr. Serfas

1949

DR. L. CRAIG MACBETH, 28 Scotland Rd., South Orange, N. J., is in general practice with an interest in allergy. One stepson is on leave from Bloomfield College to World Campus Afloat, which was in Grece at the time Dr. Macbeth wrote.

DR. HENRY M. PERRY, 706 N. Davis St., Bloomfield, Iowa, was elected recently as President of the Medical Staff of Davis County Hospital. Last year he served as President of the Davis County (Iowa) Medical Society. "Frequently see DICK HASTINGS '47, and JOHN RAWLS '54, in Ottumwa, Iowa."

DR. SHELDON RUDANSKY, 520 Franklin Ave., Garden City, N. Y., is busy with a urology practice. He is Secretary-Treasurer of the Brooklyn-Long Island Urologic Society this year. "Last August my wife and I visited Israel with our four children. I was most impressed with the progress there."

DR. ROBERT E. SCHULZ, R-1, Burbank, Ohio, is still doing pathology in Wooster and Ashland, Ohio, is father of two boys and a girl, a part-time farmer for 160 acres, a ham radio operator, and team physician for the local high school.

DR. IRWIN S. SMITH, 176 Ramblewood Rd., Moorestown, N. J., has been named to the Board of Directors of the Continental Bank of New Jersey. The bank opened offices only this spring in Maple Shade, N. J. Dr. Smith is Chairman of the Department of Orthopaedic Surgery at Rancocas Valley Hospital.

1950

DR. ROBERT K. WORMAN is still at Macha Mission Hospital, Choma, Zambia, Africa, associated with the Brethren in Christ Church World Missions program. During his leisure time: he has two elephants and one cape buffalo to his credit.

1951

DR. ALFRED R. JAMISON, JR., 1052 Bolinger Canyon Rd., Moraga, Calif., is in practice with the Permanente Medical Group Walnut Creek Clinic. There are five Jamison children. "We get exercise and work at our home, where we keep company with our horse, dogs and guinea hens."

DR. JOHN W. LANGLEY, 5390 Norwood Ave., Riverside, Calif., is still doing general practice with Southern California Permanente Medical Group. "Happy 17th reunion to all."

1952

DR. WILLIAM K. CARLILE, 2466 Trenton Ct., Ann Arbor, Mich., is attending the School of Public Health of the University of Michigan to get an M. P. H. in maternal and child health. He now plans to return to duties as Chief of Pediatrics at Phoenix Indian Hospital. "The Hospital has approved a pediatric residency program designed to train public health pediatricians for service to disadvantaged populations."

DR. MICHAEL B. DOOLEY reports the arrival of Sean Eric in the Dooley family on April 25. That brings number nine to the household (Diamond Rock Hill, Malvern, Pa.). Dr. Dooley opened private x-ray offices in King of Prussia and is Chief of Staff at Phoenixville Hospital.

DR. LEO C. PARTYKA is presently Command Surgeon of the 14th Air Force at Gunter Air Force Base, Montgomery, Ala. "During the past year I came here from Mather Air Force Base in Sacramento, Calif. (where he was Chief of Professional and Surgical Services). Saw HANK TROSTLE while in Japan many times and saw him recently at a meeting in Miami Beach. Hank is stationed at Alameda, Calif. We discussed the fact that JIM THOMPSON, Hank and myself are probably the only ones remaining in the services, it being our recollection that 16 of our class went into the service at the time of graduation."

DR. JOSEPH H. SLOSS, 222 Manatee Ave., E., Bradenton, Fla., with his partner is building a new office building. "My brother, Thomas B. Sloss, M. D., Temple '62, will be completing his residency soon and will join us in the practice of urology."

1953

DR. CHARLES V. R. DAUERTY, Box 283, Central Square, N. Y., is attending anesthesiologist at Crouse-Irving Hospital in Syracuse. "Wife is active in A.A.G.P. —five children active, active!!"

DR. WILLIAM E. DELANEY, Associate Professor of Pathology at Jefferson, in

September becomes Director of Laboratories at St. Vincent's Hospital and Medical Center, New York City, and Professor of Clinical Pathology at New York University School of Medicine.

DR. NORMAN GLADSDEN, 1654 S. W. 8th St., Miami, Fla., is doing general practice and geriatrics in Miami. Children number three. "Interests are fishing, boating, tennis and painting."

DR. WILLIAM K. JENSON is now a resident of Boston, Mass. "I have accepted a position with the Joslin Clinic, 15 Joslin St., Boston, Mass. This was a difficult decision to make, to leave Pennsylvania Hospital and Philadelphia with old friends being there. However, I am looking forward to the challenge of the new position and am sure it will be an educational experience. Hope that old friends will give us a call when they are in Boston."

1954

DR. JOSEPH L. ABBOTT, 507 N. High St., West Chester, Pa., is now Chief of Obstetrics and Gynecology at Memorial Hospital of Chester County. The Hospital is moving to Paoli this summer and will be called Paoli Memorial Hospital.

DR. HARRIS LAVINE, 101 Broadway, Richmond, Calif., is enjoying California life. "Would enjoy hearing from and seeing any classmates who are in the area."

DR. CHARLES A. RANKIN, JR., 120 Red Oak Rd., Asheville, N. C., opened a private ob-gyn practice in Asheville, after leaving the Navy in August of 1967. "Wife and four children are enjoying civilian life here in the beautiful mountains."

1955

DR. THOMAS W. GEORGES, JR., 660 Boas St., Harrisburg, Pa. has been named to the newly established Medical Assistance Advisory Council of the Department of Health, Education and Welfare. The 21 member panel is composed of experts in several areas of medical care and will advise on federal-state programs. Dr. Georges is Secretary of Health and Public Welfare for the Commonwealth of Pennsylvania.

DR. WILLIAM P. HENDERSON, 2103 E. Washington, Bloomington, Ill., is in obstetrics and gynecology in Bloomington now. "We are in need of another ob-gyn and general practitioner in this area."



Dr. Long

DR. DELBERT L. LONG, JR., 27 Brookfield Way, Morristown, N. J., has been appointed Associate Medical Director of the Knoll Pharmaceutical Company. Dr. Long's responsibilities will comprise research work on pharmaceutical products, clinical studies, and liaison with the Food and Drug Administration. Since 1958 Dr. Long has been associated with the pharmaceutical industry in medical and research positions. Most recently he has served as Consultant in Clinical Pharmacology at Sandoz and Senior Research Associate and Assistant Director of Medical Products Research at Ciba. Dr. and Mrs. Long are parents of ten children.

DR. MICHAEL J. McNALLY, 801 N. Cascade, Colorado Springs, Colo., is in private neurosurgery practice in Colorado Springs. Dr. and Mrs. McNally have four children and are "enjoying living very much in Ski Country, U.S.A."

DR. H. WILLIAM PORTERFIELD, 2090 Sheringham Rd., Columbus, Ohio, was installed as President of the Academy of Medicine of Columbus and Franklin County for 1968 recently.

DR. ROBERT C. SPAGNOLI, 706 Howell Dr., Brielle, N. J., will be the new Chief of Radiology at the Jersey Shore Medical Center, Neptune, N. J., effective January 1969. "Still seven children; the only new addition this year is a family dog."

1956

DR. CHARLES J. STAHL III, is assigned to the Armed Forces Institute of Pathology in Washington, D. C., as Assistant Chief of the Military Environmental Pathology Division. He is also Chief of the Forensic Pathology Branch and Registrar, Registry of Forensic Pathology. Dr. Stahl serves as supervisor for the only residency training program in forensic pathology in the Armed Forces, and for the Army In-Service Professional Training Program in Forensic Medicine.

1957

DR. ROBERT K. BROTMAN, 505 Haverford Ave., Narberth, Pa., is Director of Adult Services at the Philadelphia Psychiatric Center's Community Mental Health Clinic in West Philadelphia. Also in part-time private practice of psychiatry in Narberth.

DR. STANLEY L. KOCOT, 28 Sherwood Hill Dr., Holden, Mass., currently is in private practice of internal medicine and cardiology in Worcester, Mass., and on the medical staff of St. Vincent Hospital there. He is on the Executive Board of the Central Chapter of the Massachusetts Heart Association, having completed service as President of the Worcester Area Chapter of the organization.

1958

DR. BARRY L. ALTMAN, 330 Ratzer Rd., Wayne, N. J., has taken a partner into his urology practice. "We are on the staff of New Jersey State Medical College. Recently completed my specialty board exams."

DR. ROGER H. BRODKIN, 520 White Oak Ridge Rd., Short Hills, N. J., has been elected a Fellow of the American College of Physicians. Dr. Brodtkin practices dermatology and is an Assistant Professor of Medicine at the New Jersey College of Medicine.

DR. SHELDON C. BROWN, 3011 Telegraph Ave., Berkeley, Calif., writes: "Just released from the military. Now practicing orthopaedics and hand surgery in Berkeley."

DR. MARK C. EISENSTEIN, 43 Stoniker Dr., Trenton, N. J., is spending six months at the University of Pittsburgh under an NIH fellowship in intensive and respiratory care.

DR. HERBERT G. HOPWOOD, JR., USN Hospital, National Naval Medical Center, Bethesda, Md., has been installed as a Fellow of the American College of Obstetricians and Gynecologists.

DR. JEROME L. SANDLER, 106 Irving St., N. W., Washington, D. C., completed his army duties in March and resumed practice of general surgery in Washington. Dr. and Mrs. Sandler have three children.

DR. LEON SCICCHITANO, 710 Centre St., Pottsville, Pa., was discharged from the Army in March and has opened a surgery practice in Pottsville.

1959

DR. ROBERT B. ARMSTRONG, 18705 Newell St., Shaker Heights, Ohio, was discharged from the service a year ago. "I am now finishing a clinical fellowship in gastroenterology at the Cleveland Clinic and as of September 1, I will be located at the Wheeling Clinic, Wheeling, W. Va."

DR. NORMAN C. BAUMM, 833 Andorra Rd., Lafayette Hill, Pa., has been appointed to the staff of Chestnut Hill Hospital. An instructor in the Department of Psychiatry at the University of Pennsylvania Medical School, Dr. Baumm is also Associate Director of the Inpatient Services at Philadelphia General Hospital's Department of Psychiatry and Clinical Director of the Northwestern Health Center. He and Mrs. Baumm have a son, Eric.

DR. STUART B. BROWN, 7650 S. W. 134th St., Miami, Fla., sends this note: "December and January were happy months at the Brown residence! First, I was certified in neurology by the American Board of Psychiatry and Neurology. Then I accepted the position of Assistant Professor of Neurology and Pediatrics and Director of the Pediatric Neurology Section at the University of Miami School of Medicine. Finally, I had the great pleasure of becoming a father for the third time with the birth of my daughter, Suzanne, on January 17."

DR. PATRICK J. FERRARO, 512 Tulip Circle, Clarks Summit, Pa., has become a Diplomate of the American Board of Surgery.

DR. JAMES H. FRANK, 98 S. W. 10th Dr., Boca Raton, Fla., is currently Chief

Pathologist and Director of Laboratories at the Boca Raton Community Hospital.

DR. GUY W. McLAUGHLIN, JR., 2024 Pine Rd., Huntingdon Valley, Pa., is in partnership practice of pediatrics in Northeast Philadelphia with DR. CONSTANTINE R. ROSCOE '38.

DR. CARL I. SIMONS, 41 Red Berry Rd., Levittown, Pa., marked two years of practice in Levittown in July. He recently received notification that he passed Part II of the orthopaedic boards.

1960

DR. GENE R. ADAMS, 276 Montauk Ave., New London, Conn., is enjoying group pediatric practice. "Our new son was a welcome addition after waiting through nine years and three daughters for a boy!"

DR. KARL F. FINNEN, 7240 Iuka Ave., Cincinnati, Ohio, after doing general practice for five years, is in the second year of a psychiatry residency.

DR. JOHN F. HIEHLE, 240 Lincoln Ave., P. O. Box 54, Woodbury Hts., N. J., at last writing was Head of the Radiology Department at the U. S. Navy Station Hospital in DaNang, Vietnam, expecting to go to Portsmouth Naval Hospital, Virginia, in July 1968.

DR. THOMAS K. HOWARD is on the active staff of the Hanover General Hospital and the Annie M. Warner Hospital, Gettysburg, Pa. Dr. Howard took an orthopaedic surgery residency at Marquette University in Milwaukee, Wis., which he completed in January. While there he also pursued a master's program in surgery and taught orthopaedic surgery. The Howards and their three children reside at 453 S. Washington, Gettysburg, Pa.

DR. THOMAS G. PETERS is temporarily keeping a part-time practice in Spotylvania, Va. Dr. Peters plans to practice there only until the county has success in finding a permanent physician. He maintains his practice in Ladysmith, Va., as well.

DR. RAYMOND J. VIVACQUA, 11 Staley Circle, Point Ridge Farms, Camp Hill, Pa., has been named a member of the Medical Advisory Board of the Central Pennsylvania Chapter of the National Hemophilia Foundation.



Dr. Watson

DR. ULYSSES E. WATSON has been appointed Medical Director of Friends Hospital, Roosevelt Blvd. and Adams Ave., in Philadelphia. Friends Hospital is affiliated with Jefferson and is the oldest private psychiatric hospital in the United States, founded in 1813. Dr. Watson comes to his new post from Norristown State Hospital where he has been serving as Director of Medical Services and Director of the Follow-up Clinic. He was formerly with the Bucks County Psychiatric Center and also a consultant to the Montgomery County Board of Assistance. Currently he is a member of the Board of Directors of the Montgomery County Health and Welfare Council and he was recently elected Secretary of the Montgomery County Medical Society.

DR. WALTER K. W. YOUNG sends some notes on the past year's activities: "Passed my ENT boards, completed 28 months of duty in the Air Force in Illinois, came home, and started solo practice." His new offices are located at 1282 Queen Emma St., Honolulu, Hawaii.

1961

DR. ARTHUR D. BOXER, 931 Hollow Rd., Radnor, Pa., was appointed Clinical Instructor in Psychiatry at Temple University School of Medicine recently, and is Consultant in Forensic Psychiatry at the State Correctional Institution in Philadelphia.

DR. JOSEPH J. CIROTTI has reopened his pediatrics practice at Fair Oak Apartments, 228 Easton Rd., Horsham, Pa. He recently completed military service.

DR. FRANCIS J. FANFERA, 27 E. Central Ave., Paoli, Pa., writes: "In the process of relocating, trying to get this hospital built (Paoli Memorial) . . . I passed my Parts I and II of the American Board of Surgery exams and am now Board Certified in general surgery. Hope that's the last exam."

DR. KENNETH M. GIVEN completed military service in January and is now an associate in the Department of Internal Medicine at Geisinger Medical Center in Danville, Pa.

DR. DAVID J. GRAUBARD, 106th Gen. Hospital, APO San Francisco, 96503, writes: "Barbara and I are enjoying Japan. We've been here since September 1967, living in Yokohama. The hospital, at which I am one of four fully trained orthopaedists, is a 1,000-bed general hospital which is kept quite busy by casualties from Vietnam. Regards to all State-side."

DR. JERRY D. HARRELL, JR., 1505 Damor Ct., Rochester, Minn., sends greeting "from the frozen prairie. The orthopaedic program is coming along fine. Have now entered my senior resident quarters. The increasing responsibility and surgical experience make the program more enjoyable."

DR. ARNOLD S. KRAVATZ, 20441 Robert Place, Woodland Hills, Calif., has just completed army duty. He is an instructor at UCLA and the neurologist at Kaiser Foundation Hospital in Panorama City, Calif.

DR. JAMES A. LEHMAN, JR., completed his service tour in July and at last writing planned to begin a residency in plastic surgery at the University of Pittsburgh, Pa.

DR. CHARLES E. LUTTON, 16 Harper Blvd., Bellingham, Mass., recently was promoted to Major at the U. S. Army Natick (Mass.) Laboratories. A research physician at the U. S. Army Research Institute of Environmental Medicine, Dr. Lutton came there after completing a medical residency at Brooke Army Hospital in San Antonio, Tex. He holds a Ph.D. in experimental pathology from Jefferson's graduate school.

DR. WILLIAM D. McCANN, Apt. B-922, Homestead Village Lane, S. E., Roches-

ter, Minn., has been appointed a resident in internal medicine at the Mayo Graduate School of Medicine.

DR. WALLACE J. MULLIGAN, 3448 Menlo, Shaker Heights, Ohio, recently spent two months in Vietnam, donating his services to the 75-bed Holy Family Hospital in Qui Nhon. The Medical Mission Sisters opened the hospital in 1961. Dr. Mulligan is the first lay American doctor to serve there. An internal medicine practitioner in Cleveland, Dr. Mulligan went to Vietnam under the Voluntary Physicians for Vietnam program managed by the U. S. Agency for International Development. A total of 443 American doctors has served in Vietnam under the program, treating war-related casualties.

DR. DENNIS M. WADLER, 245 E. 25th St., New York, N. Y., opened a general surgery practice in July. Prior to that he was Chief Resident in general surgery at the New York Veterans Administration Hospital. The Wadlers have two children.

DR. BENJAMIN WOLFSON, 404 W. Maple Ave., Merchantville, N. J., started a family tradition 12 years ago when he was honored with membership in the Athenaeum Honor Society at Rutgers College of South Jersey. In March his daughter, Audrey, an 18 year old senior at Rutgers, received the same recognition. Dr. Wolfson graduated from Rutgers in 1957 and practiced chiropody while a student there. He is now serving a residency in psychiatry at Jefferson.

1962

DR. MICHAEL W. CRAIG, 1519 Pine Valley Blvd., #19-B, Ann Arbor, Mich., started this summer as a fellow in the Medical Chest Department of the University Hospital (Michigan).

DR. ROBERT E. FARRELL has returned to civilian life after Navy duty and started a radiology residency at Philadelphia General Hospital in July.

DR. ROBERT M. GLAZER, 8271 Thomson Rd., Philadelphia, is California bound for the final year of his orthopaedic residency.

DR. NORMAN A. GOLDSTEIN, 425 W. Cheltenham Ave., Philadelphia, finished his tour of duty with the Navy and is now an ENT resident at Temple University Hospital.

1963

DR. DAVID D. DULANEY, 805 14th Ave., S.W., Rochester, Minn., recently returned to the USA after being Dispensary Commander at Pleiku Air Base, Vietnam. His Air Force tour completed, he has started an ophthalmology residency at the Mayo Clinic.

DR. DAVID L. FORDE, 23 Lawrence Circle, #18, Portsmouth, Va., is on active duty with the Navy as Chief of the Pulmonary Section at the U. S. Navy Hospital in Portsmouth. "The hospital has a daily bed census of 1,300, work load is heavy but rewarding and a tremendous experience. Hope to return to the Philadelphia area in July 1969."

DR. JOSEPH A. SLEZAK, 414 Bucknell St., Pittsburgh, Pa., did the first year of an ob-gyn residency at Jackson Memorial Hospital in Miami, Fla., and is continuing his second year at Western Pennsylvania Hospital in Pittsburgh.

1964

DR. DAVID A. BRIAN, 4704 Nottingham Rd., Jacksonville, Fla., is a flight surgeon stationed in Jacksonville. "Spent a year in Chu Lai with the Marines. Great tour, although I missed my family very much. Will be investigating residencies now, as I plan to get out of the Navy soon—most interested in surgery."

DR. LEROY S. CLARK completed his radiology residency at Michael Reese Hospital (2839 S. Ellis Ave., Chicago, Ill.) in June and decided to remain there as an Attending Staff Radiologist. In March Dr. and Mrs. Clark became parents of a second daughter, Amy Michelle.

DR. EDWIN L. DOWNING, 426 S. Lewis, Lombard, Ill., until recently was Chief of Hospital Clinics at Kirk Army Hospital, Aberdeen Proving Grounds, Md. In July he began an ophthalmology residency at Hines Veterans Administration Hospital in Hines, Ill.

DR. JAMES J. PEPPER, 377 Old Connecticut Path, Framingham, Mass., is presently doing a two year endocrinology fellowship at Peter Bent Brigham Hospital "On February 2, we were blessed with our second child, James J., Jr."

DR. ROBERT J. SARNOWSKI, 7 Poplar St., Danville, Pa., resumed his general surgical residency at Geisinger Medical Center in Danville after completing military service last year.

DR. GEORGE SEGAL, 727 Langly Dr., Whitman AFB, Md., is presently Chief of Pediatric Service at Whitman. In July 1969 he plans to participate in a hematology fellowship program at Children's Hospital in Boston.

DR. JOHN P. WHITECAR, JR., on July 1 began as a Senior Fellow in Developmental Therapeutics at M. D. Anderson Hospital and Tumor Institute in Houston, Tex. Prior to that he was at the University of Minnesota. "After four years there it is quite apparent how strong the Medicine Department at Jefferson is."

1965

DR. SHELDON BAROFF, 476 Corbett Ave., San Francisco, is completing the second year of an ob-gyn residency at the University of California, San Francisco, Medical Center.

DR. JOHN A. HILDRETH, 2705 McKinley Ave., El Paso, Tex., at last writing was completing two years with the army and looking forward to his internal medicine residency at Jackson Memorial Hospital (University of Miami School of Medicine) in July. Dr. and Mrs. Hildreth are parents of a new daughter, their first.

DR. MICHAEL A. KUTELL, 835 Tactical Hospital, McConnell AFB, Kansas, writes that DR. MILTON L. FRIEDMAN '61, was in Kansas "at our little AF Hospital until February '68, when he became a civilian, 'retiring' with a chest full of Vietnam service medals."

DR. WAYNE D. SEIPEL recently completed his two years with the Navy and in July began a four year residency in urology at Newark City Hospital, N. J.

DR. STANLEY J. SUTULA, JR., 7218 Wedgewood Dr., Jacksonville, Fla., is concluding two years of active duty in the Navy. "I plan to take a year of general surgery residency at Saint Francis Hospital in Hartford, Conn., followed by a three year residency in ENT at Columbia-Presbyterian Medical Center in New York."

1966

DR. MURRAY C. DAVIS, 665 Palomar Dr., Apt. 208, Warrington, Fla., has been assigned flight surgeon duties at the U. S. Naval Air Station in Pensacola, Fla.

DR. JOSEPH B. DOTO, 544 Pine Tree Rd., Jenkintown, Pa., currently is serving in

Vietnam Commitment



Dr. Jones

"There are no simple answers to our involvement in Vietnam. We are paying a high price for staying and would pay a high price in the long run if we immediately withdrew. The answer is somewhere in between—perhaps in the self-sufficiency of the South Vietnamese army and government."

Captain Ward Leland Jones, class of 1965, feels strongly about our commitment to Vietnam. He also feels strongly about the GI serving his tour of duty in the tiny southeast Asian country. "I have really come to appreciate the American fighting man. These men are willing to make sacrifices. My complaint is with those who have no gratitude for their country. Dissent is not the issue with me, it's the methods used and the constant tearing down of America. In the mildest language I can state, I feel that those who are unwilling to earn their right to live in this country by serving it faithfully and lawfully should either do something to improve the current state (rather than harm it) or get the hell out."

Ward Jones has every reason to speak knowingly about the GI. He served as a combat surgeon with the 101st Airborne Division for one year. During that time the young physician was awarded the

Silver Star, Soldier's Medal, Bronze Star, Air Medal and Combat Medical Badge. He refers to his performance as "no big deal, just doing my job."

The citation which accompanied the Silver Star, however, states that "Captain Jones distinguished himself by exceptionally heroic and personal bravery while engaged in operations against hostile force." His heroic actions took place when a company of his battalion, after running into enemy small arms fire, organized on a nearby ridge. Artillery fire on the enemy positions was called for. A number of rounds came so close to the ridge that they hit tree tops and exploded. Captain Jones came to the position in a helicopter and discovered there was no landing zone available. Again quoting from his citation "with complete disregard for his own safety he dropped a nylon rope from the helicopter and without the aid of a snap link or gloves climbed down the rope fully exposed to enemy fire for a distance of eighty feet to the ground." He suffered severe burns of the hands.

"Everybody reacts to medals but the real heroes are the men who endure, with all the morale you can imagine, the boring hot days and the quiet nights when you have to fight to stay awake, the thirst and hunger and the monotonous food. This takes more to endure than a few fleeting minutes of combat when you hear shots, then the enemy's gone."

In speaking of the combat surgeon, Dr. Jones remarked that with the advent of the helicopter this role probably is on the way out. A soldier can get from combat to the OR in as little as twenty minutes. However, in referring to his own field experience he said, "the combat surgeon does lend an air of calmness when he lands. He has to make quick decisions like whom to treat first. All you can do is judge by pulse and external indications whom to tend to first. If the man isn't in pain and can give his name, if his pulse is stable, you have to move on to find victims who are worse off." In summary, the Jefferson alumnus stated that his year was one of great personal experience and one of sporadic medical satisfaction.

Upon completion of his army hitch (he has been at Fort Bragg, North Carolina, where the Green Berets train) he will return to the Los Angeles area for a residency in anesthesiology. Dr. Jones and his wife, Kathleen, are parents of a baby daughter, Kimberly.

1966 (Continued)

the Navy as a Submarine Medical Officer on the *U. S. S. Woodrow Wilson*, a nuclear powered submarine now operating out of the advanced site at Holy Loch, Scotland.

DR. STEVEN A. FRIEDMAN, 2206 Hazard, Apt. #1, Houston, Tex., is now Assistant to the Director of TB control in the TB branch of the Public Health Service, assigned to Houston's Health Department. Dr. Friedman is keeping a hand in academic life as well, as Clinical Instructor in the Department of Medicine at Baylor University College of Medicine.

DR. WARREN D. LAMBRIGHT and his wife left the United States in February for three years of medical missionary service in Accra, Ghana. The Lambrights are sponsored by the Mennonite Board of Missions of Elkhart, Indiana, and will be stationed in the government hospital, Korle Bu. Mrs. Lambright has a bachelor's degree in nursing. They join seven other Mennonite missionaries in Ghana, where there has been a mission since 1957. En route to their new location, Dr. and Mrs. Lambright visited friends in Belgium and Algeria.

DR. ARTHUR B. LINTGEN was married to the former Miss Alice Banks in November and is presently doing a residency in internal medicine at Abington Memorial Hospital, 1200 York Rd., Abington, Pa.

1967

DR. GEORGE T. BALSBAUGH has returned to Jefferson for a surgery residency. He and his wife are parents of a year old son, Thomas Andrew.

DR. NEIL C. CUTLER is staying at Jefferson for a year of medical residency. He is scheduled for the Air Force in July 1969.

DR. MARK W. GORDON, 1175 Normandy Dr., Miami Beach, Fla., is remaining at Jackson Memorial Hospital for a surgery residency. "My wife and I have been busy with our art gallery (the Gordon Craig Gallery), dealing in original graphics."

DR. MICHAEL R. LEONE is going to the University of Vermont, Burlington, Vt., for a surgical residency.

DR. RICHARD T. VERNICK, 263 Congressional Lane, Rockville, Md., is a staff associate at NIH, Bethesda, Md., for 1968-1970.

engagements

1965

DR. FRANK N. FEDERICO to Miss Frances Virag

DR. RICHARD P. WENZEL to Miss Jo Gail Hunt

1966

DR. THOMAS F. KOZLEK to Miss Ruth Ann Elton

1967

DR. ROBERT G. ALTSCHULER to Miss Michele Centrella

weddings

1948

DR. CHARLES G. STEINMETZ to Miss Carolyn Louise Hitz, June 14, 1968

1949

DR. STANLEY J. GUSCORA to Miss Michele Mary Calabrese, June 15, 1968

1963

DR. BRINTON D. SHOEMAKER to Miss Cheryl Helen Linn, March 23, 1968

DR. RODGER J. WINN to Miss Patricia Lois Blank, May 26, 1968

1965

DR. EARL J. FLEGLER to Miss Kathy Shashannah Gaylord, April 28, 1968

1966

DR. LOUIS J. CENTRELLA to Miss M. Kathleen Wollschlager, March 2, 1968

DR. JAMES L. PAOLINO to Miss Mary Doyle, March 30, 1968

1967

DR. GEORGE E. CIMOCHOWSKI to Miss Ellen Marie Sullivan, May 18, 1968

DR. ALICE L. GENTSCH to Dr. Richard Henry Golding, May 12, 1968

1968

DR. RICHARD L. DAVIES to Miss Janey Louise Hayes, June 8, 1968

DR. EDWARD A. WROBLEWSKI, JR., to Miss June E. Pointer, June 15, 1968

births

1951

A daughter, Joy Martha, on March 16, 1968, to Dr. and Mrs. EARL KANTER

1965

A daughter, Elissa Anne, on April 15, 1968, to Dr. and Mrs. Robert M. Cohen

A son, Matthew, on March 30, 1968, to Dr. and Mrs. PHILIP H. WINSLOW

1966

A daughter, Diana, on March 11, 1968, to Dr. and Mrs. RONALD N. TURCO

obituary

Joseph H. Cloud, 1892

Died April 29, 1968 at Alden Park Manor, Philadelphia. He practiced medicine in Ardmore, Pa., for over fifty years and was associated with Bryn Mawr Hospital until his retirement in 1947. Dr. Cloud was a sixth generation descendant of Jeremiah Cloud, a Quaker who arrived in this country with William Penn in 1682. He is survived by his wife, Elisabeth, a son, a daughter and three grandchildren.

J. Howard Anderson, 1904

Died March 16, 1968 at Welch, W. Va.

Creighton H. Turner, 1909

Died March 29, 1968 at Haverford, Pa. He practiced internal medicine for forty-four years in Philadelphia and was an Associate Professor of Medicine at Jefferson until 1959 when he received honorary status. Dr. Turner, who was an associate of Professor James C. Wilson, collaborated in the publication of *Wilson's Medical Diagnosis* and *Wilson's Pocket Formulary*. He also served as chief, out-patient medicine department, and physician-in-chief at St. Agnes Hospital. Surviving are his wife, Mattie Allen, a daughter, a son and four grandchildren.

John L. Lavin, 1915

Died May 1, 1968 at Swoyersville, Pa. Dr. Lavin, a surgeon, was a past president of the Mercy Hospital Staff, a hospital in Luzerne County with which he was associated for many years. He also served for fifty years as medical examiner for the Swoyersville schools and was a past president of the Swoyersville Board of

Health. He is survived by his children, five daughters and four sons, and twenty-nine grandchildren.

Karl Bretzfelder, 1916

Died February 25, 1968 in North Miami, Fla. He had practiced in New Haven, Conn., for many years, and served as Professor of Anatomy, Physiology and Health at the former Arnold College for 33 years. In 1956 he became a resident of Florida and a faculty member at the University of Miami. He leaves his wife, Amelia, and a son and daughter.

Ralph M. Tandowsky, 1922

Died January 18, 1968 at Los Angeles. Dr. Tandowsky, who practiced medicine in the Los Angeles area for thirty-five years, developed a device that enabled man to obtain the first electrocardiograph of the great gray whale. He also was the author of the textbook *The Oscillometric Vectocardio-gram*. Surviving are his wife, Jean, and a son.

Edward C. Dankmyer, 1927

Died March 5, 1929 at St. Marys, Pa. A radiologist for forty-one years at Andrew J. Kaul Memorial Hospital in St. Marys, Dr. Dankmyer is survived by his widow, two sons including Dr. Frederick Dankmyer '63, two daughters, and three grandchildren.

John M. Davis, 1933

Died May 2, 1968 at Jefferson Hospital. At the time of his death Dr. Davis was Professor of Psychiatry and Associate Head of the Department at Jefferson Medical College. An outstanding national leader in the field of mental health, he served as Commissioner of Mental Health and Deputy Sec-

retary of Public Welfare under Governors David Lawrence and William Scranton in the Commonwealth of Pennsylvania. He was appointed to this post in July 1958. Prior to 1958 he was Assistant Chief of the Out Patient Psychiatric Service in the Central Office of the Veterans Administration in Washington, and Medical Director of the Eastern Pennsylvania Psychiatric Institute, a Commonwealth of Pennsylvania facility. This facility for behavioral education and research was planned, built and directed by the Jefferson alumnus. During World War II he served as a Colonel in the U. S. Medical Corps as Chief of the Neuropsychiatric Service at Stark General Hospital, Charleston, S.C. At Jefferson Dr. Davis also served as Director of the Education Program for psychiatric residents and Assistant Attending Psychiatrist at Jefferson Hospital. One of his greatest interests

was in community mental health. Dr. Davis was one of the designers of Pennsylvania's program which has served as a model for many state community health programs throughout the country. The Jefferson Community Mental Health Center is to be named in honor of Dr. Davis. He is survived by his wife, Margaret, and his daughter Gwenn.

Leo Koretsky, 1933

Died January 2, 1968 at Medford, Mass. He was engaged for the last quarter of his life in the practice of dermatology in Medford and the teaching of this specialty at Tufts University School of Medicine. Dr. Koretsky is survived by his wife, Edna, and three children.

Patrick J. Devers, 1936

Died March 25, 1968 at Ardmore, Pa. Dr. Devers was Chief Surgeon and past Medical Director of Fitz-

gerald Mercy Hospital in Darby, Pa., and a past President of the Delaware County Medical Society and the Delaware County Medical Club. Recently he served as Vice President of the Alumni Association at Jefferson and for many years has been a member of the Executive Committee. Surviving are his wife, Mary, and four sons, one of whom, Thomas, is a junior student at Jefferson.

J. Leland Fox, 1936

Died June 25, 1968 at Seaford, Del. He was former President of the Delaware State Board of Health, a position he held from 1962 to 1964, and a former President of the Medical Society of Delaware. Dr. Fox is survived by his wife, Marie, a son, a daughter and three grandchildren.

Louis M. Crews, 1950

Died February 16, 1968 at Great Falls, Va.

positions available

Two gynecologists are looking for a third physician to join their practice with eventual full partnership. Located in Englewood, Colorado, the practice consists of a great deal of surgical gynecology and a moderate amount of obstetrics.

An experienced physician with special administrative training and demonstrated abilities is needed to direct and implement an active accredited medical education program for interns and residents on a full-time basis. The 500 bed hospital is located in Norwalk, Conn. The physician appointed may not engage in private practice.

Group practice for Emergency Room coverage—average of 42 hours per week—200 bed General Hospital. New Jersey license or eligibility a must, semi-retiree welcomed. Year-round resort area, all water sports, hunting in season.

There is a need for a medical doctor in the resort town of Cape May Court House in South Jersey. This is a town with a 130 bed modern equipped hospital.

There is an office suite available in the center of the community across from the County buildings and offices.

General practitioner needed for Chebeague Island—off the coast of Maine, in vicinity of Portland. Excellent opportunity for physician approaching retirement age who wishes to supplement his retirement income through a reduced practice in a more relaxed environment. Summer entertainment at your door—golf club, yacht club, beach for swimming and fishing.

Two young general practitioners would like third doctor to join partnership. New office building located in Pocono Mountains Resort area. Approximately 15,000 resident and a 200 bed, open staff hospital in rapidly growing community.

position wanted

A general practitioner with surgical training and experience as a director of an emergency service desires either a public health position or general practice in southern California. Military service completed.

MEMBERS OF THE GRADUATING CLASS WITH JEFFERSON RELATIONSHIPS

- ALDERFER, GILL ROBERT
 Brother, Kenneth G. Alderfer, M.D., 1957
 Uncle, A. J. Miller, M.D., 1926
- BELLET, ROBERT ERNEST
 Uncle, Samuel Bellet, M.D., 1925
- BRAVERMAN, WAYNE HARRIS
 Cousin, Howard Mazer, M.D., 1949
 Cousin, Albert Penneys, M.D., 1937
 Cousin, Hyman Stein, M.D., 1939
- CAMPBELL, VIRGINIA
 Father, James M. Campbell, Jr., M.D., 1937
- CARNEY, WILFRED IGNATIUS, JR.
 Father, Wilfred I. Carney, M.D., 1938
- COLCHER, IRVING STUART
 Cousin, Robert Colcher, M.D., 1950
- COOPERMAN, ELLIOT MARK
 Uncle, Martin Cooperman, M.D., 1938
 Cousin, Ronnie Sandberg, M.D., 1965
- GLASBERG, MARK ROBERT
 Cousin, Meyer Edelman, M.D., 1947
- FLETCHER, THOMAS GORDON
 Father, E. Gordon Fletcher, M.D., 1923
- LODER, JOHN LELAND
 *Father, Earl S. Loder, M.D., 1933
- LUSCOMBE, HERBERT JUDE
 Father, Herbert A. Luscombe, M.D., 1940
 Father-in-law, John A. Pfister, M.D., 1942
- MANGES, JOHN PAUL, JR.
 Father, John P. Manges, M.D., 1936
 Cousin, W. Bosley Manges, M.D., 1944S
 Uncle, Lewis C. Manges, Jr., M.D., 1932
 Cousin, Willis E. Manges, M.D., 1942
- *Great Uncle, Willis F. Manges, M.D., 1903
 *Cousin, Richard Manges Smith, M.D., 1927
- METZGER, CARL DAVID
 Great Uncle, Harry W. Metzger, M.D., 1920
- MIZAK, DANIEL JOSEPH
 *Uncle, Frank Turchik, M.D., 1927
- PHILLIPS, WARREN CHARLES
 Father, Warren C. Phillips, M.D., 1934
 *Uncle, Samuel Phillips, M.D., 1937
- SEROTA, RONALD DAVID
 Brother, Roger G. Serota, M.D., 1963
- SHULL, STUART DAVID
 Cousin, Robert Somers, M.D., 1958
- SNYDER, CHARLES WALTER
 Father, Charles P. Snyder, Jr., M.D., 1935
 *Grandfather, Charles P. Snyder, Sr., M.D., 1902
 Uncle, M. Wilson Snyder, M.D., 1937
- STACK, JOHN MICHAEL, JR.
 Father, John M. Stack, M.D., 1939
 Uncle, William T. Stack, M.D., 1952
- SYREK, SUSAN JONES
 *G.G.G.G. Grandfather, Tom Spec Jones, M.D., 1845
- TURCHIK, JAMES BUDA
 *Father, Frank Turchik, M.D., 1927
- VACCARO, VINCENT MICHAEL
 Father, Michael Vaccaro, M.D., 1934
 Uncle, Phillip F. Vaccaro, M.D., 1925
- WEINBERG, ROBERT MARK
 Cousin, Jerome J. Vernick, M.D., 1962
 Cousin, Richard T. Vernick, M.D., 1967
- ZEMEL, WALTER GEORGE
 Brother, Norman Zemel, M.D., 1965

HOSPITAL APPOINTMENTS RECEIVED BY THE CLASS OF 1968

- | | | |
|--|--|--|
| GILL R. ALDERFER
Letterman General Hospital
San Francisco, Calif. 94129 | DAVID A. BERD
University of Pennsylvania Hospital
Philadelphia, Pa. 19104 | JEFFREY S. CHASE
Harrisburg Polyclinic Hospital
Harrisburg, Pa. 17105 |
| BONNIE L. ASHBY
Bryn Mawr Hospital
Bryn Mawr, Pa. 19010 | JAY B. BERGER
Albert Einstein Medical Center
Philadelphia, Pa. 19141 | RICHARD I. COHEN
St. Lukes Hospital Center
New York, N.Y. 10025 |
| JOEL M. BARISH
University of Kansas Medical Center
Kansas City, Kan. 66103 | CARL B. BINNS, JR.
Geisinger Medical Center
Danville, Pa. 17821 | IRVING S. COLCHER
Chestnut Hill Hospital
Philadelphia, Pa. 19118 |
| WILLIAM H. BARNABY
Pennsylvania Hospital
Philadelphia, Pa. 19107 | PAUL R. BOSANAC
Montefiore Hospital
Pittsburgh, Pa. 15213 | DOMINIC COMPERATORE
W. Jersey Hospital
Camden, N.J. 08104 |
| JOHN C. BAYLIS
Wilmington Medical Center
Wilmington, Del. 19801 | WAYNE H. BRAVERMAN
Albert Einstein Medical Center
Philadelphia, Pa. 19141 | ELLIOT M. COOPERMAN
Jefferson Medical College Hospital
Philadelphia, Pa. 19107 |
| CYRUS E. BEEKEY, JR.
York Hospital
York, Pa. 17403 | CHARLES M. BROOKS
Jefferson Medical College Hospital
Philadelphia, Pa. 19107 | ROBERT H. COPULSKY
Jefferson Medical College Hospital
Philadelphia, Pa. 19107 |
| GEORGE S. BELL
Albert Einstein Medical Center
Philadelphia, Pa. 19141 | VIRGINIA J. CAMPBELL POIRIER
Cleveland Clinic Hospital
Cleveland, Ohio 44106 | BARRY CORSON
Chestnut Hill Hospital
Philadelphia, Pa. 19118 |
| ROBERT E. BELLET
Jefferson Medical College Hospital
Philadelphia, Pa. 19107 | WILFRED I. CARNEY, JR.
Boston City Hospital
Boston, Mass. 02118 | RICHARD L. DAVIES
Sacramento County Hospital
Sacramento, Calif. 95817 |
| JOHN L. BERARDINELLI
Children's Hospital of Pittsburgh
Pittsburgh, Pa. 15213 | WILLIAM J. CASPER, JR.
Hartford Hospital
Hartford, Conn. 06115 | |

- RAPHAEL DEHORATIUS
Jefferson Medical College Hospital
Philadelphia, Pa. 19107
- EDWARD A. DEGLIN
Presbyterian-University of
Pennsylvania Medical Center
Philadelphia, Pa. 19104
- WILLIAM J. DENNIS
Thomas M. Fitzgerald Mercy Hospital
Darby, Pa. 19023
- NICHOLAS W. DiCUCCIO
York Hospital
York, Pa. 17403
- PHILIP E. DONAHUE
Georgetown University Hospital
Washington, D.C. 20007
- WILLIAM M. EBOCH, JR.
Harrisburg Hospital
Harrisburg, Pa. 17101
- STEPHEN R. ELLIN
Maimonides Medical Center
Brooklyn, N.Y. 11219
- WALTER D. EPPLE
Wilmington Medical Center
Wilmington, Del. 19801
- ROBERT H. EZERMAN
DeGoesbriand Memorial Hospital
Burlington, Vt. 05401
- ALAN E. FEEN
U. S. Naval Hospital
Philadelphia, Pa. 19145
- MARCIA A. FITZPATRICK
Philadelphia General Hospital
Philadelphia, Pa. 19104
- RICHARD J. FLANIGAN
University of Illinois Research
and Educational Hospitals
Chicago, Ill. 60612
- THOMAS G. FLETCHER
Good Samaritan Hospital
and Medical Center
Portland, Ore. 97210
- ALBERT R. FRANCESCONI
W. Jersey Hospital
Camden, N.J. 08104
- JOHN D. FROST
Harrisburg Hospital
Harrisburg, Pa. 17101
- LAURA B. FUNKHOUSER
Akron General Hospital
Akron, Ohio 44307
- THOMAS J. GAL
Presbyterian-University
of Pennsylvania Medical Center
Philadelphia, Pa. 19104
- STEPHEN D. GELFOND
Charity Hospital of Louisiana
New Orleans, La. 70140
- HUBERT W. GERRY
Baltimore City Hospitals
Baltimore, Md. 21224
- MARK R. GLASBERG
Abington Memorial Hospital
Abington, Pa. 19001
- JOSEPH P. GLASER
New York Hospital
New York, N.Y. 10021
- CLIFFORD A. GORDON
Long Island College Hospital
Brooklyn, N.Y. 11201
- CARL M. GREEN
Pennsylvania Hospital
Philadelphia, Pa. 19107
- WILLIAM K. GROSSMAN
Jefferson Medical College Hospital
Philadelphia, Pa. 19107
- STEPHEN L. HERSHEY
Akron General Hospital
Akron, Ohio 44307
- GERALD A. HIATT
Tripler General Hospital
Honolulu, Hi. 96438
- LAWRENCE V. HOFMANN
Jefferson Medical College Hospital
Philadelphia, Pa. 19107
- PAUL D. HOLMAN
George Washington
University Hospital
Washington, D.C. 20037
- WILLIAM F. HOLMES
Philadelphia General Hospital
Philadelphia, Pa. 19104
- JOHN B. HUMPHREY, JR.
Cleveland Metropolitan
General Hospital
Cleveland, Ohio 44109
- ROBERT A. JACOBS
University Hospitals
Madison, Wis. 53706
- JAMES H. JACOBY
Albert Einstein Medical Center
Philadelphia, Pa. 19141
- GEORGE JEFFERIES, III
Harrisburg Polyclinic Hospital
Harrisburg, Pa. 17105
- JOHN A. JEFFERIES
Harrisburg Polyclinic Hospital
Harrisburg, Pa. 17105
- GERALD F. KAPLAN
Presbyterian Hospital
New York, N.Y. 10032
- JOEL A. KAPLAN
Jefferson Medical College Hospital
Philadelphia, Pa. 19107
- JEROLD KAUFMAN
Philadelphia General Hospital
Philadelphia, Pa. 19104
- JOSEPH F. KESTNER, JR.
Philadelphia General Hospital
Philadelphia, Pa. 19104
- JUDSON H. KIMMEL
Conemaugh Valley Memorial Hospital
Johnstown, Pa. 15905
- JACOB KLEIN
Philadelphia General Hospital
Philadelphia, Pa. 19104
- BARRY KNIAZER
Albert Einstein Medical Center
Philadelphia, Pa. 19141
- FREDERICK J. KOCH
University of Colorado Medical Center
Denver, Colo. 80220
- GARTH A. KONIVER
Philadelphia General Hospital
Philadelphia, Pa. 19104
- STEPHEN R. KOZLOFF
University of Colorado Medical Center
Denver, Colo. 80220
- THOMAS C. KRAVIS
San Diego County-University Hospital
San Diego, Calif. 92103
- LARRY E. KUN
Genesee Hospital
Rochester, N.Y. 14607
- ROBERT C. KURTZ
New York Hospital
New York, N.Y. 10021
- NORMAN LABEL
Keesler Air Force Base
Biloxi, Mississippi 39534
- JOHN LAZARCHICK
Los Angeles County General Hospital
Unit I 1200 N. State Street
Los Angeles, Calif. 90033
- STEVEN L. LEFRACK
Monmouth Medical Center
Long Branch, N.J. 07740
- IAN M. LEV
Abington Memorial Hospital
Abington, Pa. 19001
- JOHN L. LODER
Santa Barbara Cottage Hospital
Santa Barbara, Calif. 93105
- WILLIAM E. LOGAN
Wilmington Medical Center
Wilmington, Del. 19801
- FRIEDRICH C. LUFT
Indiana University Hospitals
Indianapolis, Ind. 46207
- HERBERT J. LUSCOMBE
Jefferson Medical College Hospital
Philadelphia, Pa. 19107
- BOHDAN MALYK
Jefferson Medical College Hospital
Philadelphia, Pa. 19107
- JOHN P. MANGES, JR.
Mount Auburn Hospital
Cambridge, Mass. 02138
- HARVEY A. MANNES
North Shore Hospital
Manhasset, N.Y. 11030
- LYNDON E. MANSFIELD
Orange County Medical Center
Orange, Calif. 92666
- MICHAEL L. MARONE
W. Jersey Hospital
Camden, N.J. 08104
- JAMES A. MEADOWCROFT
Harrisburg Polyclinic Hospital
Harrisburg, Pa. 17105
- JOHN J. MECH
University of Washington Hospitals
Seattle, Wash. 98105
- William L. Medford, Jr.
Jefferson Medical College Hospital
Philadelphia, Pa. 19107
- GLEN W. METZ
Geisinger Medical Center
Danville, Pennsylvania 17821
- CARL D. METZGER
St. Lukes Hospital Center
New York, N.Y. 10025

DANIEL J. MIZAK
Methodist Hospital
Philadelphia, Pa. 19148

MARTINA M. MOCKAITIS
Bryn Mawr Hospital
Bryn Mawr, Pa. 19010

WILLIAM J. MOLINARI
Jefferson Medical College Hospital
Philadelphia, Pa. 19107

WILLIAM J. MULLIN
Misericordia Hospital
Philadelphia, Pa. 19143

MORRIS L. OROCOFSKY
Abington Memorial Hospital
Abington, Pa. 19001

JOSEPH E. PALASCAK
Jefferson Medical College Hospital
Philadelphia, Pa. 19107

CARL J. PERGAM
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American Hospital Association

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June 6, 1968

John N. Lindquist, M.D.
Chairman, Alumni Physical Check-ups
The Alumni Association of
Jefferson Medical College
1025 Walnut Street
Philadelphia, Pennsylvania 19107

Dear Dr. Lindquist

I wish to express my appreciation for the excellent reception you gave to me and others of my class on May 28. I have been closely associated with physical examinations all of my professional life and I consider this one at Jefferson one of the most complete and comprehensive yet.



I was very much pleased to learn that in the future these annual physicals could be scheduled at any time during the year rather than on just one day. I think this should bring more of the alumni in.

Again, many thanks and I shall look forward to receiving the written report.

Sincerely

Vane M. Hoge
Vane M. Hoge, M.D.
Assistant Director

soh

* Alumni Please Note!

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September 9

Opening Exercise, College

October 9

Class Agents Dinner, Jefferson Hall

October 16

Open House, Haddon Hall, Atlantic City, in conjunction with the meetings of the American College of Surgeons

October 28

Dinner, Duquesne Club, Pittsburgh, in conjunction with the meetings of the Pennsylvania State Medical Society

November 19

Dinner meeting, Boston area alumni

November 19

Open House, New Orleans, in conjunction with the meetings of the Southern Medical Society

November 20

Dinner meeting, Connecticut chapter

December 2

Open House, Miami Beach, during the Clinical Meetings of the American Medical Association

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